VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18	09869
09908 CERTIFICA	ATE OF DEATH	00000
CERTIFICA	Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b	efore admission)
Baltimore MARYLAND	o. STATE Maryland b. COUNTY Ball	injore
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	n'earest tawn)
TONSON	X Ruxlon	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Towson Convalscent Home	17818 Ballston Rd,	YES NO
3. NAME OF First / Middle /	Lasi 4. DATE Month	Day Year
(Type or print) Louise Edwards	Adol725 DEATH Sept 1	7 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	I have block than a first than a	AR IF UNDER 24 HRS.
Fengle White WIDOWED DIVORCED	JULY 10, 1889 70 yrs.	rs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN	OF WHAT COUNTRY
Housewife -	Charleston S. C. U	.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/
John J. Edwards	Mary Louise leasyak	3
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) 1 (If yes, give wer or dates of service)	INFORMANT Address	
No None	Nm. B. Adams 7818 Balls	ton Rd #
18. CAUSE OF DEATH [Enter only one couse perfline for (a) (b), and (c).]		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYDERTENOUSE (ordio Vascular Misease	NSET AND DEATH
443 X DUE TO 67 + 1	1	
Conditions, if any, which) (b) (MINOSCE	erosis	
gove rise to immediate couse (a), sloting the under-		
lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	19. WAS AUTOPSY
CAT		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, farm, 20f. (City or tawn) (Coun	ty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to for while of work of work of work to the form of the	oclary, street, affice bldg., etc.)	
21. I certify that I attended the deceased fram. 15	10 50 10 1 Cht 17 1059 4-111	1
alive on 1861 17 1849 and that death	of New York	saw the deceased
	accurred at A:T2AM, from the causes and an the a	are stated above
SIGNATURE LOUNGILLE (Toet	10 to 80 I lark Rd	9/17/19
		1/1/1/
PHYSICIAN'S LAURENCE TONT	- Balkemore 12 /	ade /
220. RUPLAL CREMATION 22h DATE THEREOE	OF COLUMNIA AND ADDRESS OF THE PARTY OF THE	

(State) REMOVAL (Specify) Wood lawn

ADDRESS

1050 York Rd. Towson DATE SEP 21 '59 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE ook-Towson Inc Onthun & Kraus

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

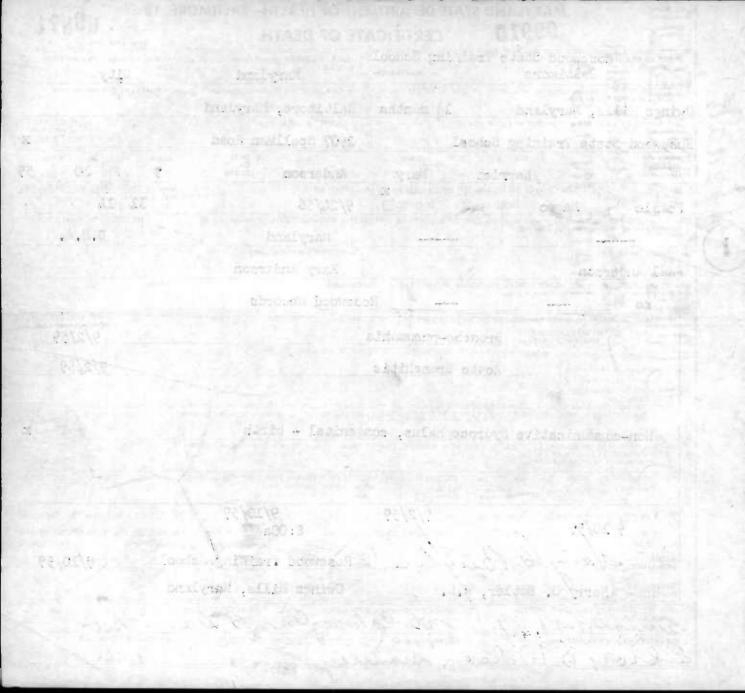
CERTIFICATE OF DEATH

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	09909	CERTIFIC	ATE OF DEATH		Reg. Di	ist. No.	• ()
1. PLACE OF DEATH 6. COUNTY Balto		MARYLAND	2. USUAL RESIDENCE (Who o. STATE				1)
	f outside corporole limits, write grest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Catonsville	utside corporate limit	is, write RURAL and	give nearest lown)	
QR INSTITUTION	AL (If not in hospital, give street Forest Ave.	oddress)	d. STREET ADDRESS 205 Garden	Ridge Rd.		e. IS RESID	ARM?
3. NAME OF DECEASED (Type or print)	First OLIVE	Middle DONZELLA	AL,T	4. DATE OF DEATH	Month Sept.	Doy Yes	Z C
female	6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH Dec. 11, 1895	. Lost h	(In years IF UNDER irthday) Months yrs.	Days Hours	24 HRS Min.
Og. USUAL OCCUPATION during most of working most of working most of working most of working most of the control	N (Give kind of work done ing life, even if retired) Self Emp	KIND OF BUSINESS OR INDU	Md. 14. MOTHER'S MAIDEN N		12. CI	TIZEN OF WHAT CO	OUNTI
			Annie Romo		Address	rest Ave.	
Conditions, if on gove rise to in couse (o), sloting I lying couse lost.	nmediole (m Carcino	me of c	olón		21h	Ch
ICATIC	ER SIGNIFICANT CONDITIONS (PERFORM	TOPSY MED NO
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in P	ort I or Part II of ite	m 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. It While of world	Not while fo	ACE OF INJURY (Home, form, ictory, street, office bldg., etc.)	20f. (City or tawn	(County)	(Stote)
21. I certify the alive an	at I attended the decease 916 195	77		M, from the c		he date stated	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	MARTIN (T.	SING EU	TALD OR CREMATORY	22d. LOCATION (Cit	Thursd L	(State)	
Burial (Specify)	9/12/59	Woodlawn C		Woodlawn		(Stote)	
3. FUNERAL DIRECTOR'S	SIGNATURE S	ADDRESS - 13	[]] , ~ ~ 7]	0 4 45 0	24b. REGISTRAR'S SIG		

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		Apple Valley		100

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PLACE OF DEATH a. COUNTY	Rosewood St.	ate Trai		2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY	Reg. Dist.	pefore admis	ssion)
b. CITY OR TOW	N (If outside corporate lin	nits, write c. LE	NGTH OF STAY IN 1b	c. CITY OR TOWN (If		rote limits, write RU			vn)
RURAL ond giv	e nearest town)		14 months	Baltimore,			100	//	,
d. NAME OF HO	lls, Marylan SPITAL (If not in hospitol,	give street oddres		d. STREET ADDRESS	1101 7 10	444	V 0 / -	e. IS RE	SIDENCE
OR INSTITUTION	State Traini	ng Schoo	1	2907 Spellm	an Ros	d		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fi	arriet	Middle Mary	Lost Anderson	4. DATE OF DEATH	Monti	h	Doy	Yeor 19 55
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			IF UNDER 1 Y		
Female	Negro	WIDOWED	DIVORCED [9/24/58	TELEVI	lost birthdoy) yrs.	Months 19	ys Hours	Min.
10a. USUAL OCCUP.	ATION (Give kind of work working life, even if retire	done 10b. KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
	working me, even in teme	4)		Maryland	1 (/ P.	LTO.)	J	J.S.A.	,
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			1000	
Paul And	erson			Mary Ande	erson				
15. WAS DECEASED	EVER IN U. S. ARMED FO	RCES? 16. SOCIA	L SECURITY NO.	NFORMANT		Addre	985		
no	(if you give was as asset of	ser vice/	R	osewood Recor	rds				
	DEATH [Enter only one c	ause per line for	(a), (b), and (c).]					NTERVAL 8	
PART I.	DEATH WAS CAUSED BY:	Bronch	no-pneumohia				C	9/2/59	DEATH
500X	DUE TO							24 801 2	
Conditions, i	f ony, which)	Acute	Bronchitis				9	/2/59	
gove rise to	immediate (1.1				1-100	
lying couse lo	**	c)					100		
Z PART II.			BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1() 19. WAS	AUTOPSY
Non-	ommunicati v	e Hydroc	enhalus, com	ngenital - bi	rth				ORMED?
20a. ACCIDENT	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE I). (Enler noture of injury in		t II of item 18.)			
20c. TIME OF IN Hour o. p.	10	While 1	OCCURRED 20e. PU	ACE OF INJURY (Home, farm tory, street, office bldg., etc	m, 20f. (City	or town)	(Cour	nty)	(Stote)
21. I certify	that I attended the	e deceased fr	om 9/2/59	19 to 9	/10/59	, 19,t	hat I last s	saw the c	deceased
alive on 9	/10/59	2. 19		accurred at \$:00					
			10			reet, city or town, s			TE SIGNED
ACTUAL SIGNATURE	Han &	1. 13,00	eller.	Rosewood Tr	rainin	g School		9/10/	/59
	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-11-00000	
PHYSICIAN'S NAME (Type)	Harry G. Bu	tler, M.	D.	Owings Mi	lls, M	aryland			
22a. 8URIAL, CREMA PAMOVAL (Spec	TION, 22b. DATE THERE	OF 122c.	NAME OF CEMETERY OF	R CREMATORY Con	22d. LOCAT	TION (City, town, or	county)	La (Sto)	ite)
23. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS OF CO		D BY REGIST	RAR 24b. REGIST	TRAR'S SIGNA	TURE	
Elvi	no le	elsis	Sum	LEA DATE	150	8-11-1	& Kousel	Į.	
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ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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L		099	11	CERT	IFICA	TE OF DEAT	Н		Reg. Di	st. No.		
1.	a. COUNTY	losewood St Ltimore	ate T	0	YLAND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY	on: Residen		e admiss	ion)
	b. CITY OR TOWN	If outside corporate lin	nits, write	c. LENGTH OF STAT	r IN 1b	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL ond	give nea	rest lawn	1)
0	Dwings Mil	ls, Marylar	nd	28 yrs.		Florence Cr	ittent	on Missi	on	3 V	0/-	4
Ro	OR INSTITUTION	TAL (If not in hospital, ate Trainir	- 104			d. STREET ADDRESS Washington,	D.6.	60 444	1			FARM?
3.	NAME OF DECEASED (Type or print)		rst lob er t	Middle James		cher	4. DATE OF DEATH	Mon	th	Doy 29	,	Yeor 19 59
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	IED 8.	DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER			
	Male	White	WIDOW	ED DIVORCE	ED 🔲	12/7/26		32 yrs.	Manths	Days	Hours	Min.
10	during most of war	ON (Give kind of work king life, even if retire	done 10b.	KIND OF BUSINESS	OR INDUST	Maryland	or foreign c	country)		U.S.		OUNTRY
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	N 44 EE				
	Oscar Arc	her				Frieda	?					
1S.	. WAS DECEASED EVI es, no, or unknown)	R IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO	O. INF	Rosewood R	ecords	Add	ress			
	The second second	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (3.6	ne for (o), (b), and (c)		ficiency				ONS	RVAL BE ET AND 2 yr	DEATH
	Conditions, if a gove rise to cause (a), stating	mmediate Dus T	b) R	lheumatic H	Fever						5 yr	8
7	lying cause lost.		c)							1	2 14/4 2	14450804
CATION	PART II. OT					OT RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(0) 15	PERFO	RMED?
CERTIFICA	20a. ACCIDENT W. OR CONTRIBUTING	ecile Famil AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				(Enter nature of injury in	Part I or Par	rt II af item 1B.)			YES 🗌	ио 🔀
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Yo	20d. II While at wor	NJURY OCCURRED Not while of work		E OF INJURY (Home, formany, street, affice bldg., etc.)		y or town)	(1	County)		(State
		nat I attended the 29/59			t death o	., 19, ta accurred at 6:00 at Rosewood T	ADDRESS (S	the causes an	d on the		stated	d abave
		arry G. But		M.D.		Owings M						
5	REMOVAL Specify	9.30.5		2/07/	Ulin	alenton	22d. LOCA	Bullin	or county)	M	L (State	e)
23.	FUNERAL DIRECTOR	SAIGNATURE	0/1	ARTORESS	.00	24a. REC	D BY REGIS	IRAR 24b. REGI	STRAR'S SI	GNATUR	E .A	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	09913	CERTIFICA	ATE OF DEAT	Н	Reg. Di	113814 st. No.
	sewood State	Training School	2. USUAL RESIDENCE (W		COUNTY -	ce before admission)
b. CITY OR TOWN (IF RURAL and give new	outside corporote limits, write orest town) Maryland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Cambridge,	outside corporote limit Maryland	s, write RURAL and	give nearest town)
_ OR INSTITUTION	AL (If not in hospital, give streetate Training		d. STREET ADDRESS 311 Locust	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Lawren	ce LaMonaco	Armiger	4. DATE OF DEATH	Month 9	Day Year
5. SEX Male	White widow	WED DIVORCED	8. DATE OF BIRTH 6/21/47	lost b	(In years irthdoy) 2 yrs.	1 YEAR IF UNDER 24 H Doys Hours Min
during most of worki	N (Give kind of work done 10 ing life, even if retired)	b. KIND OF BUSINESS OR INDUS	Maryland	e or foreign country)		ZEN OF WHAT COUNTR
13. FATHER'S NAME William Pau			14. MOTHER'S MAIDEN Frances La		78-36	
	IN U. S. ARMED FORCES? It yes, give wor or doles of service)		nformant osewood Recor	rds	Address	
Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	nmediote (bila terd	broud.	Lo pue	wax con	PINSET AND DEATH
CATIC		CONTRIBUTING TO DEATH BUT				T 1(o) 19. WAS AUTOPS PERFORMED? YES NO [
	CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of ite	m IB.)	
Y 20c. TIME OF INJURY Hour o. m. p. m.	whi		ACE OF INJURY (Home, fari story, street, office bldg., et	m, 20f. (City or town)	(0	County) (Sto
21. I certify the alive an	at I attended the decedent, 19		accurred at 12:15		uses and an the	DATE SIGN
PHYSICIAN'S NAME (Type)	eten W Ri	eckert		Balt	14	14 9-8-
220. BURIAL, CREMATION BURLAL (Specify)	9-10-59	Holy Redeen		Baltime		(Stote)
23. FUNERAL DIRECTOR'S Leonard	J. Ruck 530	5 Harford Rd.		EP 1 0 '59	Callun L	

VS A15 (4) 15M 9/5B

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	the Print (assistant)			and the same
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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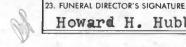
09915	CERTIFIC	ATE OF DEATH Reg. Dist. No.
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COLINITY
Ballmore	MARYLAND	6. STATE M. d. b. COUNTY Balto.
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	· Homo P	Se CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give opinistitutions of human dest human	e street oddress)	d. STREET ADDRESS. 911 Meddlesex Rd. e. IS RESIDEN ON A FARI YES NO
NAME OF DECEASED (Type or print) Thereto T	& Barrer	L. Sa 4. DATE Month Day Year OF DEATH 9 3 19 3
larle whater	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1/23/1895 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Months Days Hours N Yes.
House James	10b. KIND OF BUSINESS OR INDI	11. BIRTHPLACE (Stole or foreign country) Baltyper MSA
Mulenoure	0	14. MOTHER'S MAIDEN NAME Unknown
(If yes, give war or dates of servi	(0)	SEdward R. Hrick ham Burksle
18. CAUSE OF DEATH [Enter only one coust	per line for (o), (b), and (c).	INTERVAL BETWEEN ONSET AND OAK
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	W Coronar	4 Inrombosis with
420,1 DUE TO	Mus aci	Irdial To Favration
Conditions, if ony, which)	0	
gove rise to immediate couse (o), stating the under-lying couse lost.	@ HZL	iplagie left old
PART 11. OTHER SIGNIFICANT COND! 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEATH BU	T NOT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTO PERFORMED YES NO.
	b. DESCRIBE HOW INJURY OCTURE	ED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED 20e. P While Not while of work of work	LACE OF INJURY (Home, form., 20f. (City or town) (County) (Sociory, street, office bldg., etc.)
21. I certify that I attended the d	eceased from	19/ Dig // 3/ 3/ 19/ that I last saw the deco
alive an 3/3	399 and that death	h accurred at T. H. P.M., from the causes and an the date stated a ADDRESS (Street, city or flown, state)
SIGNATURE SIGNATURE	JAM.	MD 1303 Frederick Ke 9/2
PHYSICIAN'S WE.	mc Greth	Cot ons ville 28 ml
Survay 9/22/39	22c. NAME OF CEMETERY OF	PR CREMATORY 22d OCATION (CA), town, or country) (Slave)
TOM LOUANNE	lan Tholle	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE P 2 5 '59 Outing & Humi-

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ADDRESS

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VS A1S (4) 1SM 9/SB



REMOVAL (Specify)

Burial

9174159

Howard H. Hubbard 4107 Wilkens Avenue

. IS RESIDENCE ON A FARM? YES NO TO Year 19 10 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? U. S.A. Mrs. Beulah Hyle 1013 Linden Avenue #27 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO DR (County) (State) 9/10, 19 5, hat I last saw the deceased DATE SIGNED 1305 Francis Avenue Balto. 27. Md. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Baltimore National Cem. Baltimore, Maryland 24a. REC'D BY REGISTRAR
SEP 1 4 '59 24b. REGISTRAR'S SIGNATURE

Cirthur & Truck

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1. PLACE OF DEATH o. COUNTY BE	altimore	MARYLA	li i	USUAL RESIDENCE (WO. STATE Mary)		ved. If institutio b. COUNTY	ni Residence be B altin	fore odmission)
b. CITY OR TOWN RURAL ond give Cockeys		c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF		e limits, write RL	JRAL and give r	nearest fown)
	ITAL (If not in hospital, give street	address)	1	d. STREET ADDRESS York I	Rd.			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Esther :	Middle K eckner Ba	rshi	nger	4. DATE OF DEATH	Mont 9-1	12-59	Day Yeor
5. SEX	6. COLOR OR RACE 7. MARI				9.	AGE (In years lost birthday)		AR IF UNDER 24 HRS.
female	white widow	ED X DIVORCED	□ 3	-1-1886	7	73 yrs.	Months Doys	Hours Min.
during most of wo	ION (Give kind of work done 10b. rking life, even if retired) ONE OPERATOR	Tel. Co		11. BIRTHPLACE (Stote Maryla		try)		S.A.
13. FATHER'S NAME	<u> </u>			. MOTHER'S MAIDEN				
Ada	m Keckner			Sarah	Martin	n		
	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 12-05-0324	Mrs.	MANT	rke,	Addre	ove	
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	en. Orto heumat	niex	scleros Heart	is Dis	caso		of year
CATIC	THER SIGNIFICANT CONDITIONS OF THE S	CRIBE HOW INJURY OCC	78		AINAL DISEASE C		EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)					or nem rs.,		
20c. TIME OF INJU Hour o.m. p. m.	While	NJURY OCCURRED 20 Not while of work		OF INJURY (Home, for street, office bldg., et		town)	(Count	ry) (Stote)
21. I certify alive on	hat I attended the decease. 19 Robert H. Si	ed from	leoth occ	3105 Bacti	M, from t		nd on the d	saw the deceased date stated above DATE SIGNED
220. BURIAL, CREMATI REMOVAL (Specifi BURIAL)		Zesop I				rks, Mo		(Stote)
23. FUNERAL DIRECTO		ADDRESS		240. REC	D BY REGISTRA		TRAR'S SIGNAT	
Brooks Fu	neral Service	Towson 4	, Md.	DATE	SEP 1 5 '5	a C	lithur & 1	Traus

requires that the death certificate be executed within 24 haurs after death; Page 4 hospital or ottending physician.

After this certificate has been signed by the attending physician and completely filled in by the feet this certificate has been signed by the please remove corban papers. Pages I and 2 hed for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 hour feet death. ATTENDING PHYSICIAN: The low TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BATHGATE0991	7 CERTIFICA	ATE OF DEATH		Reg. Dist. No.	
o. COUNTY Balto	MARYLAND	2. USUAL RESIDENCE (Where do a. STATE	leceased lived. If institut b. COUNTY		1)
b. CITY OR-TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside 52 along	e corporate limits, write i	RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street of OP'INSTITUTION And Nova	fome	d. STREET ADDRESS	nooh o	lue, e. IS RESIDION A FA	ARM?
3. NAME OF DECEASED (Type or print)	Middle Enertere V	Buther to	DATE Mor		or 55
5. SEX 6. COLOR OF PACE Z-MARRA Temple White WIDOWE	ED NEVER MARRIED	B. DATE OF SIRTH	9. AGE (In years last birthday) yrs.	IF UNDER YEAR IF UNDER	
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COL	
13. FATHER'S NAME AMOS Baths	ate	14. MOTHER'S MAIDEN NAME	Parne	ell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NFORMANT Daise	ey on	eselse_	
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	nchial ast	thema + any	lysem	INTERVAL BETY	EATH
PART II. OTHER SIGNIFICANT CONDITIONS C		D. (Enter noture of injury in Port I		PERFORM	NO
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While	NJURY OCCURRED 20e. PL		Of. (City or town)	(County)	(Stote
21. I certify that I attended the decease alive an 7-9-59 19 ACTUAL SIGNATURE PHYSICIAN'S 1 4 4 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	c at work ed from 1950	19 to 9 - 10 accurred at 7,5% M, ADDI			
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town)	(State)	
23. FUNERAL DIRECTOR'S SIGNATURE	XDDRESS Th	24g. REC'D BY DATESEP 1		ISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained to the hospital or attending physician.

2 FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove Cachan papers. Pages 1 and 2 shauld Then please remove Carban papers. Work way be retained moy be retained to the work way to funeral directions and the work was a should be one of the work was a

the registrar priar to burial, cremation, ar remayal, and in any event within 72, hays

of filed with eral director,

page 0 VS A15 (4) 15M 10/57

RECENT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) VAH, Baltimore, Md. Fort Howard Div. 9/14 VAH, Balto.18.Md. Fort Howard, Div. 9/14/59 (Stole) REMOVAL (Specify) Remova. Rest Haven Cemetery Hanover. Pennsylvania 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Hours ine &Son Funeral Home Reasters town Md

e. IS RESIDENCE

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ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tem 1 FilmG249 9-28-59 et

CERTIFICATE OF DEATH

	UJJJ				===			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Baltim	Ore	MARY	rLAND	O. STATE		ere deceased	lived. If instituti	on: Resider	nce before	odmissi	ion)
b. CITY OR TOWN (If outside of	corporate limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1		utside corpora	te limits, write f	RURAL ond	give near	est town	1
RURAL and give nearest low))	07 D						01	/ /	2	
d. NAME OF HOSPITAL (IF not OR INSTITUTION	in hospital, give street	oddress)		d. STREET A	ninist DDRESS	or		9.5		. IS RES	DENCE
OR INSTITUTION FOX1	eigh Nursi	ing Home		RFD	5					ON A	FARM?
3. NAME OF DECEASED (Type or print)	First OBER T 1	Middle	BEA	CH	/	4. DATE OF DEATH	Mor		Day		reor
		RIED NEVER MARRI		DATE OF BIRTH	1	9	AGE (In years lost birthday)	mber IF UNDER			R 24 HRS.
Male Whi	te widow	ED DIVORCE	D 0	Warch 4.	1901		ER yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give I during most of working life, e	rind of work done 10b. ven if retired)	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPL	ACE (State o		ntry)	12. CI	TIZEN OF	WHAT	COUNTRYP
13. FATHER'S NAME				14. MOTHER'S	yland						
Robert W.	Reach Ca										
15. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO	17. INF	ORMANT	y Cun	ningha	m. Add	race			
(Yas, no, or unknown) Iff yes, give	war or dates of service	300000000000000000000000000000000000000									
1B. CAUSE OF DEATH [Ente		and factory that the		France	s M.	Beach	Westm	inist		Id.	
PART I. DEATH WAS		ne for (0), (b), ond (c).			1. 1	-				T AND	
IMMEDIA -/ 5 //	TE CAUSE (o)	Call	un	Trans	Uer	ren			3-		700
124 X	DUE TO	0000	A.	1					2	412	
gove rise to immediate	(0)	junional	11/4	war		7			6	1	
cause (a), stoting the under											
Z PART II OTHER CICAL	(c)	CONTRIBUTING TO DE	4 711 B 17 A 1	07.051.1750.70							
CAT		CONTRIBUTING TO DEA	AIH BUIN	OI RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFO	RMED?
20g. ACCIDENT WAS UNDERLOOK CONTRIBUTING CAUSE	YING (1) 20b. DES OF DEATH EXAMINER)	CRIBE HOW INJURY O	CCURRED.	(Enter noture of	injury in Po	ort I or Port I	l of item 18.)				
20c. TIME OF INJURY Month, Hour o. jr. p. m.	Day, Year 20d. II While of wor	NJURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (Fory, street, office	lome, form, bldg., etc.)	20f. (City o	r town)	(1	County)		(Stote)
21. I certify that I atte	ended the deceas	ed from Jun	4_	1946	10 Sx	121 2	1 105	that I	last say	u the	deceased
alive on SLN	- 20 19.	59 and that	death o	accurred at	23A	M from	the causes of	and on the	ha data	state.	d above
00		7 00		eccorrog ac			et, city or lown,		ile dule		TE SIGNED
ACTUAL SIGNATURE	e TC	1) while	e jun.	b .)							
PHYSICIAN'S	D. 1 W.3.3	1.4	-150			D . 1	27	0.11		d	1. 1
220. BURIAL, CREMATION, 226. E	Palmer Wil			Reister			B.C.	2 V 14	8	2	MA
REMOVAL (Specify)		22c. NAME OF CEME				22d. LOCATIO	ON (City, town,	or county)		(Stote)
Burial 9 23. FUNERAL DIRECTOR'S SIGNAT	/22/59	ADDRESS	d Rid				ikesvill	le. 1	Jaryl	and	
						BY REGISTRA		STRAR'S SIG			
John O. Mitchel	& Sons.	nc. 1900 E	utaw	Place	DATE SF	P 2 3 '59	a Ca	Thur S.	tran	4	

may be retained by the haspital or ottending physician.

TO FUNERAL DI OR: After this certificate has been signed by the ottending physician and completely filled in bya page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2) the registror prior to buriol, cremation, or removal, and in any event within 72 bours ofter death. TO HOSPITAL OR VS A15 (4) 15M 9/55

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 shauld be cremation, FilmG2 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle Month Year DECEASED (Type or print) DEATH 19 for 5. SEX 7. MARRIED 9. AGE (In yours IF UNDER TYEAR NEVER MARRIED 18. DATE OF BIRTH IF UNDER 24 HRS. 2 with at Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHBLACE (State or foreign country) 3 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo pe puo FATHER'S NAME may Poges 1, 5 Page EVER IN U. S. ARMED FORCES? INFORMANT File Give P.M.3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y with farm IMMEDIATE CAUSE (o) buriol-transit DUE TO Conditions, if ony, which gove rise to immediate cause Guo shauld **DUE TO** (a), stoting the underlying cause last. 0 PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY oso PERFORMED? NO. YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Exomi should 20c. TIME OF INJURY Month, Day, Year 20d. INDURY OCCURRED \$200. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Slole) Medical factory, street, office bldg., etc. 3 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry 4, and find that deoth resulted from: Notural couses Accident . Suicide . Homicide | Undetermined couse DEPUTY MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER certifi 00 forworded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE DATE SEP 11 26. REC'D BY REGISTRAR VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR

CEDTICICATE OF DEATH

09920	CERTIFICA	TIE OF DEATH		Reg. Dist. No.	0 - 17
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institut b. COUNTY		dmission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside carporate limits, write	RURAL and give nearest	town)
d. NAME OF HOSPITAL (If not in hospital, give street of 1858 E Battle G	rove Ave	1858 E Ba	He Grove	0 11.10	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) DIQ MQ First	Lynne	Bennett	4. DATE MO OF DEATH SE	orth Day	Year 19.5-9
Female White WIDOWE	D DIVORCED	Nov. 3, 195	& yrs.	Months Days Ho	JNDER 24 HRS. Durs Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	ar foreign country)	12. CITIZEN OF W	A.
Emanuel Bennet	+	Edna	Louise 1	Ritchie	-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or anthown) (It yes, give wor or dotes of service)		emanuel E	Sennett Add	dress same	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	verobl	astoma,	left Kidne	ONSET	AL BETWEEN AND DEATH MOS .
PART II. OTHER SIGNIFICANT CONDITIONS CO				P	VAS AUTOPSY ERFORMED?
	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	art I ar Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Nat while foo	ACE OF INJURY (Home, farm, story, street, affice bldg., etc.)	20f. (City or town)	(Caunty)	(State)
21. I certify that I attended the decease alive on 125		occurred at 4 A	M, from the causes of DDRESS (Street, city or town,	and on the date s	
PHYSICIAN'S RDonald E	Jandort	N.D. 60771	o. 14, Md	9-	27-59
220. BURIAL, CREMATION, 22b. DATE THEREOF REPAOVAL (Specify) 9/30/59	22c. NAME OF CEMETERY OF CEDER Gro		22d. LOCATION (City. town, Brandywin	or county) e, West V	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5304	Harford Ro	ad. 24a. REC'D		ISTRAR'S SIGNATURE	- 4

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	a. COUNTY	CONT				a. STATE	ESIDEN	CE (Whare	decaasad	b. COUN		Residen	ce before	admission)
		Baltimore		MARYLAN	ND	a, SIMIE	Mar	yland		b. COON		time	re	
		f outside corporata limit glva naarast lown)	rs,	c. LENGTH OF STAY IN	N 16	c. CITY OF	NWOT	If outside c	orporate li	mits, write	RURAL a	nd give	nearest tov	vn)
1		Baltimore				X Mary	and							
			f not in hosp	ital, give streat address)		d. STREET	ADDRESS	1,971						ESIDENCE
	7925 Bet	k Lane				7925	Berk	Lane					YES	A FARMS
3.	NAME OF	First		Middle	-	Last		4. DAT	E	Month		Day	Yea	
	DECEASED (Type or print)	SADI	r.			שמשמ		OF DEA	TH	9		20	10	59
5.	SEX	6. COLOR OR RACE		NEVER MARRIED	7 8.	BERK DATE OF BIRT	Н	}	19. AGE	(In years	IF UNDER		-	R 24 HRS.
1	Female	White						01		pirthday)	Months	Deys	Hours	Min.
10		ON (Give kind of work	WIDOWED	DIVORCED DIVORCED DIVORCED		ugust 9			1 55	yrs.	112 6	71751 0	F 11611 0 T	COLUNIAN
		rking life, even if retire		OF BUSINESS OR INC	JUSTKI	II. DIKITIPLA	CE (State	or toreign	country)		12. 0	IIIZEN O	r WHAI	COUNTRY?
_	Book Bin	der	Wax	verly Press			alto.					US	A	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME						
	Godf	rev Berk						The	resa	Mad	11			
		ER IN U.S. ARMED FOR Tyesgiva war or dates of se		OCIAL SECURITY NO.	17. 1	NFORMANT				Address				
1	No	, young to water dates of se	0.0	5-10-160/	Ca	therine	Gran	it 5	918	Medo	w Rd		6	
	18. CAUSE OF D	EATH Enter only one	cause per lin	e for (a), (b), and (c).]		01101			720	110140	7.7	INT	ERVAL BE	
		H WAS CAUSED BY:	Co	ronary arte	7777	occlusi.	on					ON	SET AND	DEATH
	420.1	DUE TO		- 011023 0200	- 3	OCCLUSI	OII							
	Conditions, if any	11.15												
1	gava rise to immedi	ata cause								-				
	(e), stating the un	nderlying DUE TO										98		
-	causa last.) (c)	LONE CONT	DIBLITING TO DEATH BE	IT NO	T DELATED TO T	HE VERMIN	NAL DISEA	SE CONTR	71011011	FALINIBAL			
2	PAKI II. OTHER	SIGNIFICANI CONDII	IONS CONT	RIBUTING TO DEATH BU	טון ונט	I KELATED TO I	HE TERMI	NAL DISEA	SE CONDI	IION GIV	EN IN PAI	(I 1(a) 1		RMED?
3													YES X	NO [
CERTIFICATION	PRIMARY Tor CO		06. DESCRIB	E HOW INJURY OCCUR	ED. (E	nter nature of in	ury in Par	rt I or Part II	of item 1	8.)				
-	CAUSE OF DEATH.													
CAL	20c. TIME OF INJU	RY Month, Day, Yes				CE OF INJURY (I			City or tow	rn)	(Co	unty)		(State)
MEDI	Hour a.m.	19	While al work	Not Whila at work	TOTAL	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	orag., orc	*/						
		at I took charge o	f the rema	ins described above	e, hel	d an Autops	у П.	Inspectio	on T.	Inquir	у П.	and	in my c	pinion
	death resulted f	rom: Natural ca	uses \square .	Accident .	Suici	de 🗍 . He	omicide	П. (Jndeterr	mined m	anner [7		
		11-1						EXAMINER			_			
	ACTUAL	(K/XX	whi.	~ mr	7			ICAL EXAM				D	ATE SIG	NED
	SIGNATURE	7111	000-0			M.U.		L EXAMINE						
	EXAMINER'S NAME (Type)					Addres		city, town,				9	-21-5	59
22	BURIAL, CREMATIO REMOVAL (Specify)		OF 2	2c. NAME OF CEMETER	RY OR	CREMATORY		22d. LOC	ATION (C	City, town	, or countr	y)	(Sta	te)
	Burial	Sept. 23,	1959	Zion Evan	. L	utheran					ers R		Md.	
23	FUNERAL DIRECTO	3.		ADDRESS		21	24a. REC	'D BY REGI					JRE	
10	maky to	meral Hon	mo i	1401 Bolo	11.	(Ad.	DATE	SEP 23	3 '59	(Inthun	8. K	nu4	
4	THE WEST OF THE	The hard of the		- Lucas		N. W.								

TO DEPUTY WANCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ny please executed the serificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit pennin-Tile pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any VS. A15ME 5M 7/59

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1922 SERVING VIEWS SEATH

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VS A1S (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	G = D = C A =			

	0992		CERTI	FICA	IE OF L	JEAIT			Reg. D	ist. No.		
PLACE OF DEATH O. COUNTY	Baltimore	19	MARY	LAND	2. USUAL RESI o. STATE	DENCE (Wh Mary	ere decessed land	lived. If institution b. COUNTY	an: Reside	nce befo	re admis	sion)
b. CITY OR TOWN (IF a RURAL and give near Cat or	outside corporate limi rest town 15V111e	its, write	c. LENGTH OF STAY			imore	utside corpor	ote limits, write RI	URAL ond	give nec	rest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION SPRING GRO	VE STATE		oddress) SPI TAL		d. STREET A		Heigh	ts Avenu	e		ON A	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir Min	nie	Middle	B.	Lock	it	4. DATE OF DEATH	Sep.	tembe	r Da	14	Year 19 59
female	white	WIDOWI		D	May 15	, 1889	7	P. AGE (In years lost birthday) 70 yrs.	Manths	Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of workin	g life, even if refired	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPE		or foreign cou	intry)		TIZEN O		COUNTRY
13. FATHER'S NAME Abraham	sheer				14. MOTHER'S Ye	tta A			30			
1S. WAS DECEASED EVER (Yes, no. or unknown) (H) (H)	N U. S. ARMED FOR yes, give wor or dates of s		SOCIAL SECURITY NO Unknown		ormant cords:	SPRII	NG GRO	OVE STA		HOSP.	TAL	
PART I. DEATH 4 20. / Conditions, if ony gave rise to imm couse (o), stoting the lying couse lost.	WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO , which hediate bunder: DUE TO Compared to the com)	Coronary Arteriosc Generaliz	thron lerot	ic care	ele ros	is			ONS	ET AND	TWEEN
CATI			ONTRIBUTING TO DEA						EN IN PAR	RT 1(o) 1	PERFC	AUTOPSY RMED?
200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER. NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.	EDICAL EXAMINER)		Not while	20e. PLAC	E OF INJURY (ry, street, affice	Home, Form	20f. (City.)		(County)		(State)
ACTUAL SIGNATURE	pt. 4	1959 Jaco	and that		D. SF	12:30 RING (GROVE	the causes a	nd on t stote) HOSP	he dat	e state	decease ed above ATE SIGNE 4-59
220. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREO	if In of	22c. NAME OF CEME	TERY OR	CREMATORY			ON (City, town, o		4.	(Stot	e)
Jack Leur		o Eu	Law Place			24a. REC'D	BY REGISTRA		TRAR'S SI		-	

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VS A15 (4) 15M 9/55

	09924	CERTIFIC	ATE OF DEATH		Reg. Dist. N	13886
PLACE OF DEATH O. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md	ere deceased lived. If inst b. COUI		efore admission)
RURAL ond give	(If outside carporote limits, writerest town) SVILLE		c. CITY OR TOWN (IF o	utside carporote limits, wri	The RURAL and give in 3 V 0 /	
d. NAME OF HOS OR INSTITUTION	PITAL (If not in haspitol, give str The House in	The Pines	d. STREET ADDRESS M. Eutaw Plac	arlborough e & Wilson		e. IS RESIDENCE ON A FARMS YES NO
3. NAME OF DECEASED (Type or print)	Hattie First		Lumberg		Month 2	6 1959
Female	White wind	ARRIED NEVER MARRIED DWED DIVORCED	B. DATE OF BIRTH Feb 14, 188		yrs. IF UNDER 1 YE	AR IF UNDER 24 HR
nouse	TION (Give kind of wark dane 1 orking life, even if retired) WORK	06. KIND OF BUSINESS OR INDI	Baltimo	re, Ma		OF WHAT COUNT
13. FATHER'S NAME	Samuel Tanne		14. MOTHER'S MAIDEN N	nnah Rider		
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT Lmon Blumber		wagh Ap	
Canditions, if gove rise to couse (a), statin lying cause las	g the under-	Jen. ASCV	D			5 Who
Z	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(a)	PERFORMED?
	VAS UNDERLYING 20b. [IG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I ar Port II of item 18.		
20c. TIME OF INJ Haur a. j.	. 10 Wh	d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	20f. (City or town)	(Count	ty) (Stote
alive an S	Namel L	Bakal		M, fram the cause NDDRESS (Street, city or to NOCHELL	es and on the c	saw the decea date stated abo DATE SIGN
PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMAT BEMOVAL (Special	10N, 22b. DATE THEREOF 9-28-59	22c. NAME OF CEMETERY OF Baltimore F		22d. LOCATION (City, law	vn, or caunty)	(Stote)
20. BURIAL, CREMAT BENDYAL SPECI 23. FUNERAL DIRECTO 24 AVID R.	9-28-59 OR'S SIGNATURE	Baltimore H	lebrew Cem	Baltimore	egistrar's signat	Md

MADYLAND STATE DEDADTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	0992	5	CERTIF	ICA	TE OF DEATH		Re	g. Dist. No	0.	
1. PLACE OF DEATH o. COUNTY Ba.	ltimore		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Mary)		b. COUNTY .	esidence bef		
b. CITY OR TOWN (II	f outside corporate limitorest town)	ts, write c.	LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (If or					
	sville	1-1	3mthlldv	s	Glen Bur		yland	02	X: 2	
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street odd			d. STREET ADDRESS		7 11 0110		e. IS RESI	
SPRING GRO	OVE STATE	HOSPI	TAL		305 Third	Avenue -	S. E.			FARM?
3. NAME OF DECEASED (Type or print)	Fii Cai	roline	Middle Henr	iet	Lost	4. DATE OF DEATH	SEDT.	, D		eor SS
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	0 8	B. DATE OF BIRTH	9. AG		NDER 1 YEA	R IF UNDE	
female	white	WIDOWED	DIVORCED		Jan. 22, 187	5 84	t birthdoy) Moi	nths Doys	Hours	Min.
10a. USUAL OCCUPATIO during most of work housewife	ing lite, even it retired	done 10b. KIN	11		TRY 11. BIRTHPLACE (Slote of		1	2. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME		1000	1 mome		14. MOTHER'S MAIDEN N			0. 1	J. A.	1 2
Unknow	Henry	Matas	271		Unimoun	Kathe	rine 6	20/05		
1S. WAS DECEASED EVER	R IN U. S. ARMSO FOR		TAL SECURITY NO.	17. IN	FORMANT		Address			
Unknown	mmm	/ Un	known	Re	ecords: SPRII	NG GROV	E STATE	HOS	PITAL	
		BI	20/VCH 3/	NE	UNCALA				TERVAL BET	
couse (o), stating t lying couse lost.		/	ENER	16	DEBILITY					
CATI	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN	1 PART 1(0)	PERFOR	NO TOPSY
O (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY OCC	CURRED	, (Enter noture of injury in Po	ort I or Port II of	item 1B.)			
20c, TIME OF INJURY Hour o. m. p. m.	f Month, Doy, Yes	While of work	Not while	Oe. PLA	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or tov	vn)	(County))	(Stote)
21. I certify the alive on	at 1 attended the	deceased , 1959			accurred at 7:15/	M, from the DORESS (Street, c	ity or town, state)	on the do	ate state	deceased d above TE SIGNED
PHYSICIAN'S NAME (Type)	PATRIC	K	VYIP		Catonsvi					
220. BURIAL, CREMATION SEMOVAL (SOCCIFY)	15 Sept	1959	Glen H	ave	n Cemo	Calen	Bulnie	, Ma	(State	
23. FUNERAL DIRECTOR'S	· cring I	ilon	Glen To	Burn	nie Md DATE SEE	BY REGISTRAR P 1 5 '59	24b. REGISTRAR	ES SIGNATU	ATCL.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ADDRESS

Dundalk 22

24b. REGISTRAR'S SIGNATURE

arthur & House

240. REC'D BY REGISTRAR DATE SEP 1 8 '59

23 FUNERAL BIRECTOR'S STONATURE

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				TOTAL TOTAL STREET
	ENCLASION.			
bestween S	S. heren		J. F. 8	TOTAL PRIVATE CONTRACT

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 3 VOI - 4 e. IS RESIDENCE ON A FARM? YES NO TO Month Year September IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Clin. Records. VAH Baltimore. Md. Ft. Howard Div. INTERVAL BETWEEN RECENT AND DEATH

YES NO

Unknown ARTERIOSCIAEROSIS, MARKED, CENERALIZED Unknown FEMORAL ARTERY WITH GANGRENE Unknown BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)

DATE SIGNED ADDRESS (Street, city or town, stote)

22c. NAME OF CEMETERY OR CREMATORY

PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD. M.D.

22b. DATE THEREOF

220. BURIAL, CREMATION,

Buria

REMOVAL_(Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

VAH.BALTIMORE.MD..FT.HOWARD DIV

22d. LOCATION (City, town, or county) (Stote)

Baltimore National Cemetery ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SEP 2 8 '59

ADOLPHUS HALSTEAD, \$18 Druid Hill Ave., Balto., Md.

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Joseph Bowen

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M TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and completely filled in by the function page 3 should be received for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 Mours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09928 CERTIFICATE OF DEATH

Reg. Dist. No.

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	ltimore	MARYLAND	o. STATE Maryla	nd b. COUNTY		The state of the s
Rural-T			c. CITY OR TOWN (IF or	rtside corporate limits, write R ${ m Towson}$		
d. NAME OF HOSP OR INSTITUTION	1744 (If not in hospital, give	idence Rd.	d. STREET ADDRESS	rovidence R	7	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	RICHAI	RD N.S. I	BRITTON	4. DATE Mor Of DEATH Sept. 26	,1959 Doy	Year 19
5. SEX Male	1.71 at 4	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 12, 1906	9. AGE (In years last birthday) 52 yrs.	IF UNDER 1 YEAR IF	Hours Min.
10a. USUAL OCCUPATE during most of wo Repair		Black and Deck		or foreign country)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME Edward	T. Britton	n,Sr.	14. MOTHER'S MAIDEN N. Henrietta			
1S. WAS DECEASEDEV	ER IN U. S. ARMED FORCE Ilf yes, give wor or dates of servi	(es)	INFORMANT Hilda S. Bri	tton-1440 P		e Rd.
Conditions, if a gave rise to cause (a), stating lying cause last. PART II. OT	the under DUE TO HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU		IAL DISEASE CONDITION GIV	/EN IN PART 1(o) 19.	WAS AUTOPSY PERFORMED?
	MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, farm,		(County)	
20c. TIME OF INJU Hour a. n. p. m.	19	while Not while of work of wor	actory, street, office bldg., etc.)		(County)	(State)

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19929

CERTIFICATE OF DEATH

(19892) Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Ba	ltimore	MARYLA	2. USUAL RESIDENCE O. STATE Mary	E (Where deceased yland	ived. If instituti b. COUNTY		
b. CITY OR TOWN RURAL ond give TOWSO		, write c. LENGTH OF STAY IN	1b c. CITY OR TOWN	N (If outside corpora	te limits, write f	RURAL and give r	nearest town)
d. NAME OF HOSP OR INSTITUTION TOWS	on Convale	re street address)	. STREET ADDRE		. Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Richard		ritton	4. DATE OF DEATH	9 -1 2		Day Year
5. SEX male		7. MARRIED NEVER MARRIED WIDOWED DIVORCED [AGE (In years lost birthday) 90 yrs.	Months Days	AR IF UNDER 24 HRS 5 Hours Min.
10a. USUAL OCCUPAT during most of wo supert	rking life, even if retired)	cloth mill		(State or fareign cou yland	ntry)		S.A.
13. FATHER'S NAME R1c	hard M. Br	itton	14. MOTHER'S MAII	Smith			
15. WAS DECEASEDEV (Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of ser	es? 16. SOCIAL SECURITY NO. none	Miss Shelde	on Frant	Add Z	above	
Conditions, if gove rise to couse (o), stoting lying cause lost	DUE TO ony, which immediate the under- (c).	CENERALIZE			**	;	G MOS.
FIED C.	AS UNDERLYING [] 2	COC. OF RIGHT	URRED. (Enter nature of inju	- JAN ory in Part I or Port I	3,145		PERFORMED? YES NO
20c. TIME OF INJU Hour o. m.	RY Month, Day, Year	20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home foctory, street, office bldg	g., etc.) 20f. (City of	Mesun		MD.
21. I certify to alive on		deceased from JAN, 1959, and that de		ADDRESS (Stre	ne causes ar	nd on the da	the decease the stated above
PHYSICIAN'S NAME (Type)		(NISK)		son 4			
Burial		Poplar Gr	ove	Cocke		e, Md.	(Stote)
23. FUNERAL DIRECTOR Brooks Fu		ice, Towson 4	THE PARTY OF THE P	REC'D BY REGISTRATE SEP 1 5 '59		STRAR'S SIGNAT	

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 1	18	
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CERTIFICATE OF DEATH

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09893

	03330	CERTIFICA	CIE OI DEAII		Reg. Dist.	No.
1. PLACE OF DEATH Ball	timore	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If inst b. COU		pefare admission)
b. CITY OR TOWN (If autside of RHAL and give nearest town	n) () ()	ENGTH OF STAY IN 16	Lalter	autside carporate limits, wri	ite RURAL and give	nearest tawn)
d. NAME OF HOSPITAL (IF not OR INSTITUTION	in haspital, give street addre	75)	d. STREET ADDRESS	ords &	ane	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Manuer .	Middle By	oduck	4. DATE OF DEATH	Manth 9 - 2	Day Year
male wit	ute WIDOWED [DIVORCED	3. DATE OF BIRTH		oy) Manths Da	
10a. USUAL OCCUPATION (Give k during mast of warking life, e	kind of work done 10b. KIND (ven if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	ar foreign cauntry)	12.CITIZEN	SIT
13. FATHER'S NAME	Brodnie	K	14. MOTHER'S MAIDEN A	NAME		
15. WAS DECEASED EVER IN U. S. (Yes, no, or unknown) (If yes, give v	ARMED FORCES? 16. SOCIA	AL SECURITY NO.	is a leth	Grodn	Address -	Danie
18. CAUSE OF DEATH [Enter		(a), (b), and (c).]	0		Į,	INTERVAL BETWEEN
PART I. DEATH WAS C	CAUSED BY: 7	randial D	scompansa	tion		ONSET AND DEATH
420.1	DUE TO		,			·6 . · ·
Canditians, if any, which		my det	nos		1.00	1030.
gove rise to immediate cause (a), stating the under-		0: 18	7'			
lying couse last.	(c) derrer	who are out	morehora	210		1031.
PART II. OTHER SIGNIF	FICANT CONDITIONS <u>CONTE</u>	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(PERFORMED?
	F OF DEATH	HOW INJURY OCCURRED	. (Enter nature of injury in	Part I ar Part II af item 1B.)	
20c. TIME OF INJURY Manth, Haur a. m. p. m.	While _	OCCURRED 20e. PLA Not while of work	CE OF INJURY (Hame, farmary, street, affice bldg., etc	20f. (City ar tawn)	(Caur	nty) (Stot
21. I certify that I atte	ended the deceased fi	rom 9-12	5 , 1959, to 9	- 21- , 19	2, that I last	saw the decease
alive an	- 21-, 1959	, and that death	accurred at 1:10 K			
an/1	2 8 11			ADDRESS (Street, city or to		DATE SIGN
SIGNATURE / WM	n 11 Jall	egs ,	1.0. 6209 Fre	derick AV	e.	9-21-59
PHYSICIAN'S WILME	11.621/2	ger	Baltimo	re-28, Ma	<i>?</i> .	
SEMOVAL (Specifit) 9-	-72-59	NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, tow	yn, or county)	Was (Stope)
FUNERAL DIRECTOR'S SIGNATI	URE	ADDRESS,	5 1/1/		EGISTRAR'S SIGNA	TURE
wer Lewes	Dres 210	O Oldan	DATE S	EP 2 2 '59	arthur 2 +	

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09894 Rea. Dist. No.

> e. IS RESIDENCE ON A FARM?

YES NO

Yeo 59

NO [

(Stole)

DATE SIGNED

Anne Armidel

IF UNDER 1 YEAR IF UNDER 24 HRS

U. S. A.

Hours

12. CITIZEN OF WHAT COUNTRY

Doys

Months

INTERVAL BETWEEN ONSET AND DEATH DIKNOWN RECENT UN KNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES PE (County) 21. I certify that aftended the deceased fram Alignet 5 , 1959, to September 1 1959 make the receased fram Alignet 5 ADDRESS (Street, city or town, stote) M.D. VAH. BALTO. 18, MD. FORT HOWARD DIV. VAH. BALTO. 18. MD. FORT HOWARD DIV. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 9-5-59 Holy Cross Cemetery Anne Arundel County Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 1501 R. Fort Ave. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Colour & Truck Charles L. Stevens Reltimore. Md. Charles F. Diel Successor

page VS A15 (4) 15M 10/57

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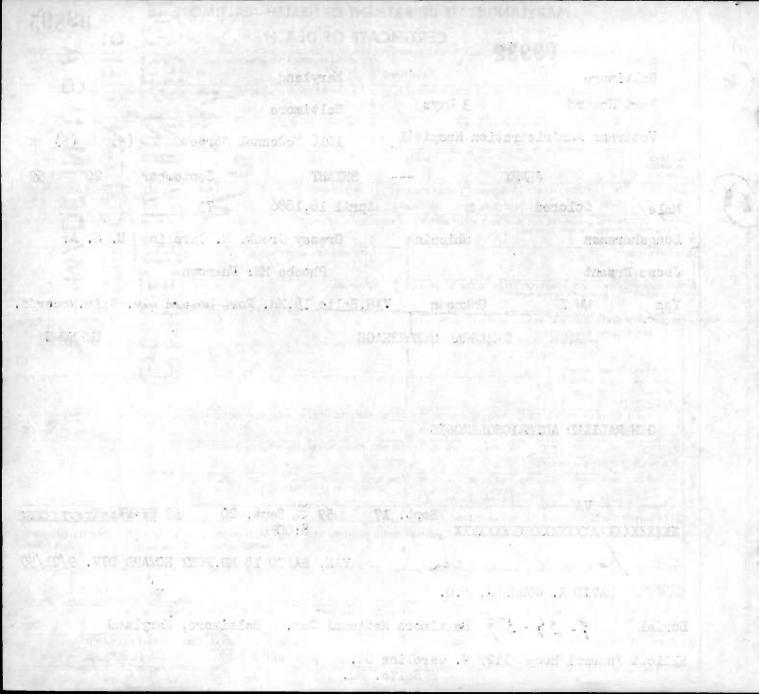
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09895

	000	120	CERTIFIC	ATE OF DEA	IH		Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY Baltim	ore	134	MARYLAND	2. USUAL RESIDENCE o. SIATE Marylan		d lived. If instituti b. COUNTY		pefore admiss	ian)
b. CITY OR TOWN (If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN Baltimo		orate limits, write f	RURAL and give	nearest tawr	1) 🗸
	TAL (If not in hospital, ons Adminis		on Hospital	d. STREET ADDRESS	Donnel S	Street	(5)	e. IS RES ON A YES 5	FARM?
3. NAME OF DECEASED (Type or print)	Fi		Middle	BRYANT	4. DATE OF DEATH	Septemb		/	Year 19 59
5. SEX Male			RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 18,18	86	9. AGE (In years last birthday) 73 yrs.	Months Da	EAR IF UNDE	
Longshore	king life, even if refired	done 10b.	Shipping			ountry) V. Caroli		S. A.	OUNTRY
Jesse Bry				14. MOTHER'S MAIDE Phoeb	e MN: U	nknown			
15. WAS DECEASED EVE (Yes, no, or unknown)	IN U. S. ARMED FOR (If yes, give wor or dates of the control of th			INFORMANT AH, Balto 18,	Md. For	Add t Howard		in.Re	cord
Conditions, if a gove rise to i couse (o), stating lying couse lost.	the under-))	CONTRIBUTING TO DEATH BU	I NOT BELATED TO THE TE	FRMINAI DISEAS	F CONDITION GI	VFNI INI PART 1/	a) 10 WAS	ALITOPS
GENERA	LIZED ARTE	RIOSC					VEL VILLONI (C	PERFO YES	NO 2
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye	ar 20d. II While ot wor	Nat while fo	LACE OF INJURY (Home, actory, street, affice bldg.,	farm, 20f. (City	or town)	(Cour	nty)	(Stote
ACTUAL SIGNATURE	DAVID A. OU	Oir	ed from Sept. 1° XXXX, and that death		ADDRESS (S	the causes ar	stote)	ate stated	d above e signe 21/5
Burial (Specify)	9-24-	59	22c. NAME OF CEMETERY OF Baltimore Na			IION (City, town, Imore, Ma		(Stot	e)
23. FUNERAL DIRECTOR		112	ADDRESS 9 N. Caroline		SEP 2 4 75		ISTRAR'S SIGNA		

Balto. Md.



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orard 1894. 9/6/59	VAR BELLO, 18, MG., Pt. Ho			
	VAT Delto, 18, NR., 10. No	.0.M. NEW MORE		
	Lorent Bill Stammon, No.	Baltinure Hati	÷	Intel®
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TO DEPUTY IN ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay recessary, please execute at certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral citor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in adv part within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYUAND 099 SEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY				institution: Rasidence before edmission)
Baltimore	MARYLAND	a. STATE	b. COUN	Baltimore
	LENGTH OF STAY IN 16	c. CITY OR TOWN (I		RURAL and give neerest lown)
write RURAL and give neerest town)		1-1-		
Towson		Towso	n	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel,	give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
7700 York Road		7700 York	Road	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Typa or print) Ethel	Myly Marie	Buckley	DEATH 9	27 1959
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED	-	v. 1, 1909	last birthdey)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY
Attendant - Psyco. Shepp	ard-Pratt Hos	s. S. Car	olina	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
James A. Norton, Sr.		Alice Eden		
	IAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) None 243-			Buckley, Tows	
18. CAUSE OF DEATH [Enter only one cause per line for		MION HILBORI	addition, toke	I INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.				ONSET AND DEATH
IMMEDIATE CAUSE (a) Arter1	osclerotic he	art disease		
4 20.0 DUE TO				
Conditions, if any, which (b)				
geva rise to immediate ceuse (a), stating the undarlying DUE TO				
cause last. (c)				A I Thank I Bell and the second
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	
No.				PERFORMED? YES Y NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE H	OW INJURY OCCURED. (En	ler natura of injury in Part	Lor Part II of itam 18.)	TES IA RO
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				
		E OF INJURY (Home, farm y, street, office bldg., etc.		(County) (State)
Hour a.m. While all work	Not While sactor			
21. I certify that I took charge of the remain:	described above, held	an Autopsy X,	Inspection , Inquir	y , and in my opinion
death resulted from: Natural causes K.,	Accident . Suicid	e , Homicide	, Undetermined m	anner
0 000		CHIEF MEDICAL E	XAMINER A	
ACTUAL REMOVE TO	al.	ASSISTANT MEDI		DATE SIGNED
SIGNATURE OCCUPACIÓN DE LA CONTRACTION DEL CONTRACTION DE LA CONTR	my ,	_ M.D. DEPUTY MEDICAL		2/1/10
EXAMINER'S RUSSELL S	Teshor	Address (Sireal, c	ity, lown, or county)	9/28/57
PEMOVAL (Specify)	NAME OF CEMETERY OR		22d. LOCATION (City, town	
Removal/Burial Sept. 27,1959 S			Salemburg, Non	
23. FUNERAL DIRECTOR	ADDRESS	24a. REC	D 8Y REGISTRAR 24b. REG	STRAR'S SIGNATURE
John Burns' Sons, Towson, Ma	ryland	DATES	23 0 '59 Cal	Charle & House

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(1989)

0000		Reg, Dist, No.					
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institutions Re b. COUNTY	sidence before admission)			
and give nearest town)	ENGTH OF STAY IN 16	479	outside corporate limits, write RURAL	and give nearest town)			
Dimdalk d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital,	give street address)	Dumdalk d. street Address 7141 Holabi	rd Ave	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF First OCCEASED (Type or print) Alex Buck Bullard	Middle	11	4. DATE Month OF DEATH Sept 25 /59	Day Year			
5. SEX 6. COLOR OR RACE 7. MARRIED 2 Male white widowed		DATE OF BIRTH	9. AGE In years IFUNI lost birthday) 48 yrs.	DER TYEAR IF UNDER 24 HRS. Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Lunch	of Business or Indust Wagon Opera:	to North Car	or foreign country) 12.	CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME Lonnie Bullard		14. MOTHER'S MAIDEN N Azzie Willow					
		NFORMANT S Gwen Bullar	Address	Ave			
18. CAUSE OF DEATH [Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. (c)	ONARY		U 31 ON	ONSET AND GEATH			
PART II OTHER SIGNIFICANT CONDITIONS CONTRI DB i = 20d. EXTERNAL CAUSE WAS PRIMARY 0r CONTRIBUTING CAUSE OF DEATH.	BUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	NALDISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
	W INJURY OCCURRED. (E	inter nature of injury in Part	ter Part II af item 1B.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJUR Hour o. m. While ol work 19		CE OF HAMRY (Home, farm, ory, sweet, affice bidg., etc.)	20f. (City or town)	(County) (Slole)			
21. I certify that I took charge af the remodeath resulted fram: Natural causes		ve, held an Autops) cide , Homicide _M.D. CHIEF MEDICAL EX	, Undetermined cause	DATE SIGNED			
EXAMINER'S M. B. DA	vis M	ASSISTANT MEDICAL E		7/29/59			
REMOVAL (Specify)	NAME OF CEMETERY OR adow Brook (22d. LOCATION (City, town, or coun Lumbertown North				
23. FUNERAL DIRECTOR'S SIGNATURE Ullrich Fimeral Home 2112 Div	ADDRESS		BY REGISTRAR 246. REGISTRAR'S				

VS. A15ME(5) 5M 9/55

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		MARYL	AND STA	TE DEPART	MENT	OF HEALT	H-BAL	TIMORE,	18		0000
		099	37	CERTIFIC	CATE	OF DEAT	TH		Reg. Dis	t. No.	19901
o. COU		TMORE		MARYLAN	1 0 51			d lived. If institut b, COUNTY		e befo	re admission)
b. CITY RURA		f outside corporate limit		NGTH OF STAY IN 1	b c. C		f outside corpo	rote limits, write f	RURAL ond g	ive ned	aresi town)
	E OF HOSPIT NSTITUTION	AL (If not in hospital, g	ive street address	5)	d. S	TREET ADDRESS	POST				ON A FARM? YES NO
3. NAME (DECEAS (Type or	ED	Fin	st	Middle		Lost	4. DATE OF DEATH	SEPI	ember	Do	Yeor 19 59
5. SEX	LE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	_		1896	9. AGE (In years lost birthdoy) 62 yrs.	Months	YEAR Doys	IF UNDER 24 HR Hours Min.
during TRI 13. FATHER	JCK DR.	ON (Give kind of work of ing life, even if retired)		OF BUSINESS OR IN	14. MC	PENNSY I DTHER'S MAIDEN	VANTA NAME	ountry)		S	WHAT COUNTRY
15. WAS D {Yes, no, or u	ECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice		INFORMA	NT		Add	ress HOWARI) D:	IVISION
1B. C/		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	UNITY	o), (b), ond (c).] KINS DISE	EASE					INT	ERVAL BETWEEN SET AND DEATH UNKNOWN
gove	ditions, if or rise to it (o), stoting couse lost.	m mediote		23.000							
CATION	PART II. OTH	IER SIGNIFICANT CON		BUTING TO DEATH I	BUT NOT REL	ATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	1(0)	PERFORMED?
-	CCIDENT WA	S UNDERLYING	20b. DESCRIBE H	OW INJURY OCCUI	RRED. (Enter	noture of injury i	in Port I or Por	1 II of item 1B.)	-		

(Stote)

(County)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, 20d. INJURY OCCURRED factory, street, office bldg., etc.) o. m. Not while ot work of work p. m.

21. I certify that attended the deceased fram. August 5 19.59 to September 6., 1959xbackbastcopoticclecopode DOODS and that death accurred at 11:00pM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state)

ACTUAL VAH, Fort Howard, Maryland PHYSICIAN'S

Clovis M. Snyder VAH, Fort Howard, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Burial (Specify)

WESTMORELAND 9-10-59 ENBURG WESTMORFT. 246. REGISTRAR'S SIGNATURE CILLING & THOMA 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** SEP 8 59

Tickner & Sons, Inc., North & Pennsylvania Aves. Baltimore, Maryland

VS A15 (4) 15M 9/58

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24b. REGISTRAR'S SIGNATURE

Circhan & Kirally

VS A15 (4) 1SM 10/S7

23. FUNERAL DIRECTORS SIGNATURE

MAKYLAND STATE DIFFASTIMENT OF HEALTH-CENTIMONE, 18	
Street All Control of the HITASO ROBINSTONE CONTROL OF THE STREET	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIR

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be, clacked far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 state registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09938

CERTIFI	CATE	OF	DEATI	1

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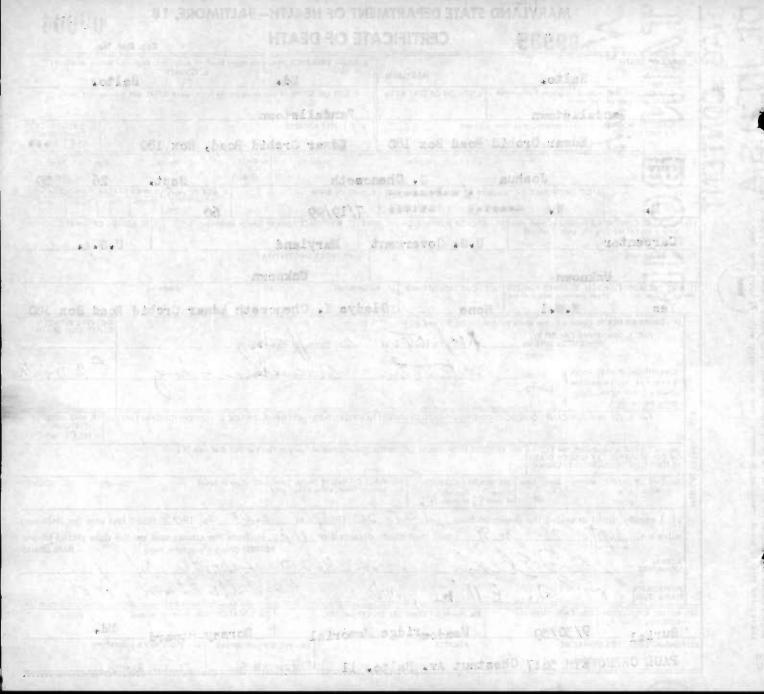
)	00	000	CERTITIO	771	L OI DEAII			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	13	USUAL RESIDENCE (WI		l lived. If instituti b. COUNTY		before admis	sion)
	N (If outside corporate lim নিক্সকা কিন্দা	its, write	c. LENGTH OF STAY IN 18 Life	×	Luthervi	11e, M	rote limits, write laryland	URAL and give	nearest tow	n)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, 202) 1/2 1	incol	n Ave	1:	d street appress 202 1/2 Lin	coln: A	venue		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Charlotte	rst	, ^{Middle} Chea	tha	Lost	4. DATE OF DEATH	Septemb		Day	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D	ATÉ OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TY		1
Female.	Negro	WIDOWE	D DIVORCED	S	eptember 13	. 1872	87 yrs.	Months Do	ys Hours	Min.
100. USUAL OCCUPA during most of w Reti	vorking life, even if retired	done 10b.	KIND OF BUSINESS OR INI	-		or foreign co			OF WHAT	COUNTRY
13. FATHER'S NAME			2101107	1	MOTHER'S MAIDEN N		ara	0,		
	John V	V. Har	າງາຳ ສະ			ia Har	mi e			
IS. WAS DECEASED I	EVER IN U. S. ARMED FOR			INFO	RMANT	Ter rect	Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of				Anna Jacks	on 202	Lincoln	Avenue	9	
	DEATH [Enter only one co	ouse per lin	ne for (o), (b), and (c).]		60.	-	1		INTERVAL BI	
PART I. C	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ca	reinoma		oT Dign	Loic	+		NE PRO	400
1533	DUE TO)					
Conditions, it	f any, which)									
gove rise to	immediate (
lying couse to	ng the under-	c)								
Z PART H. C			ONTRIBUTING TO DEATH B	UT NO	RALATED TO THE TERM	INAL DISÇASI	E CONDITION GI	VEN IN PART 1	o) 19. WAS	AUTOPSY
E (2)	rario Vasc	4/2	& Nenal	9	ASTOSIC	ocle	405/5		YES	ORMED?
ZOL PART II. (2) 200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTION)	WAS UNDERLYING ON CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in	Port I ar Port	I) of item 1B.)			
20c. TIME OF IN.	m. 10	or 20d. IN While at wark	Not while		OF INJURY (Hame, form, street, office bldg., etc		or town)	(Соч	nty)	(State)
21 L cartify	that I attended the	decease	ad from (a) H		1059 10 6	128	105	,that I las	t saw the	doceans
olive on	9/27			th oc	curred of 7,45	AM, from				
-	2 4	-1	4			ADDRESS (St	reet, city or town,	stote)	D	ATE SIGNE
SIGNATURE /	dennell	all	valer	M.D	19 W. Semi:	nary A	ve., Lut	hervill	0, 9	/28/5
PHYSICIAN'S NAME (Type)	Bennett 1. S	Stoen					and the control of th			
220. BURIAL, CREMA REMOVAL (Spec	Sept. 30		22c. NAME OF CEMETERY St. Luke C		ematory ch Cemetery		reford,		(Sto	ite)
23. FUNERAL DIRECTO	OR'S SIGNATURE	1	ADDRESS		24a REC'	D BY REGIST	7	STRAR'S SIGNA		
wallam .	A. Jackson F	unera	I Home Inc.	770	renna DATE	FP 3 0 '5	19 C.	Thun & #	traus	

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		099	39	CER	TIFIC	ATE OF I	DEATH	1		Reg. D	ist. No	, 0	UX
1,	PLACE OF DEATH	Balto		MA	RYLAND	2. USUAL RESI	IDENCE (Whe	ere deceased	d lived. If instit b. COUN	ution: Reside		re admis	sion)
7	d. NAME OF HOSPIT	f outside corporole eorest town)	limits, write	c. LENGTH OF STA	AY IN 1b	V -	llator		rate limits, write				
	OR INSTITUTION	Edmar	Orchid	Road Box	180	Edma	r Orel	nid Ro	ad. Box	180		ON A	FARM?
1	NAME OF DECEASED (Type or print)		First	Mide	die	noweth		4. DATE OF DEATH	N	onth	00	у	Year 19 50
5.	SEX	6. COLOR OR RA	ACE 7. MARI	RIED 🔯 #69 🖟 wiki		B. DATE OF BIRT	ГН		9. AGE (In year lost birthday	IF UNDE		IF UND	ER 24 HRS.
	M.	W.	drift(p)		east]	7/19/9			60 Y	rs.	Days	Hours	Min.
	during most of work Ourpenter EATHER'S NAME	cing life, even if re	rark done 10b. tired)	U-S- GOV			yland		ountry)	12. C	U.S		COUNTRY?
		Indian arms				I I I I I I I I I I I I I I I I I I I							
	WAS DECEASED EVE			SOCIAL SECURITY I	NO. 17.	INFORMANT	Unkno) WAL	A	ddress			
{Ye	Yos	(If yes, give wor or date		None	G	ladys I.	Chana	41	Edman C	mahd d			. 190
CERTIFICATION	Conditions, if o gove rise to i couse (o), sloting lying couse lost.	ny, which mediate the under DU	SE (0) (b) E TO (c) CONDITIONS	Metaate CONTRIBUTING TO I	DEATH BUT	Ca. NOT RELATED TO	CLAN	AMAL DISEASI	- Lu	GIVEN IN PA	RT 1(0) 1	PERFC	AUTOPSY ORMED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING C CAUSE OF DEA MEDICAL EXAMIN	206. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in Po	ort I or Part	I II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.		Year 20d, II While at wor	NJURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (ctory, street, office	(Hame, farm, e bldg., etc.)	20f. (City	or town)		(County)		(State)
	21. I certify that I attended the deceased from 34. 26, 19.57, ta 34. 19.57, that I last saw the deceased alive an 34. 19.57, and that death occurred at 1/P. M, from the causes and an the date stated abave. ADDRESS (Street, city or, town, stote) DATE SIGNED M.D. 86.2.7												
22	PHYSICIAN'S NAME (Type)	1/1 1		-1/1h	, 14)	V	1100	· ci · ci	1370		//	01	
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THE	EKEOF	22c. NAME OF CE				22d. LOCAT	TION (City, town	, or county)	909	(Stot	e)
23.	FUNERAL DIRECTOR	S SIGNATURE	9	ADDRESS	ridge	Memoria	240 050'0	Dor BY REGIST	Bey How	GISTRAR'S S	MO	DE .	
			17 Cher	stnut Av.	Balt	0. 11	DATE DATE	D 9 '54	757	- TOTRAK 5 5	#	N.C	

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 The hospital contribution of the contribution of the contribution of the hospital completely filled in by the Raffer this certificate has been signed by the attention of the certificate has been signed by the contribution of t TO FUNERAL DIR TO HOSPITAL OR

the registrar priar to burial, cremation, ar remaval, and in any event within VS A15 (4) 15M 10/57



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funeral director, old be filed with M

may be retained by the haspital or attending physician.

O FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld as detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event withing to a feet death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DI poge 3 should a

VS A15 (4) 15M 9/5S

	UAANU	CERTIFIC	AIL OF BLATE			Reg. Dist. No).		
1. PLACE OF DEATH o. COUNTY Baltin		MARYLAND		Maryland	b. COUNTY			1	
b. CITY OR TOWN (If outsid RURAL and give nearest to Cat ans vi 1	wn)	6yr3dys	Baltimore	oulside corporale li		RAL and give ne	earest lawn)	
d. NAME OF HOSPITAL (IF A	ot in hospital, give st E STATE	reet oddress) HOSPI TAL	d. STREET ADDRESS	excue 3501	Lucil	le Ave.	e. IS RESI ON A YES	FARM?	
3. NAME OF DECEASED (Type or print) GERMA	First INE D. CI	Middle RIGLIANO (Also 1	Melvin)	4. DATE OF DEATH	Month Sept	e mber		reor 19 59	
		MARRIED NEVER MARRIED NOW ARRIED	Dec. 10, 190	los		FUNDER 1 YEA Months Doys	-		
10a. USUAL OCCUPATION (Given during most of working life housewife 13. FATHER'S NAME	e kind of work done , even if relired)	10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stole	or foreign country)		12. CITIZEN		COUNTRY	
Charles	Demerest		Becath	var xDurtioxox	Germa	ine			
15. WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	. INFORMANT		Addre			ma	
no		Unknown F	Records: SPRIN	G GROVE	STATI	E HOSP	TAL.		
Conditions, if ony, wh gave rise to immedicouse (o), stating the unitying cause lost. PART II. OTHER SIG ZOO. ACCIDENT WAS UND OR CONTRIBUTING — CA (If EITHER, NOTIFY MEDIC	DUE TO (c) NIFICANT CONDITIO	Myocardial in Coronary se	lerosis UT NOT RELATED TO THE TERMI			N'IN PART I(o)	PERFO	AUTOPSY RMED?	
UF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Mon	oth, Doy, Year 20	hile _ Not while_	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	, 20f. (City or tov	wn)	(County)	(State)	
21. I certify that I calive on Sept. ACTUAL SIGNATURE	21. I certify that I attended the deceased from October 1, 19 58, to Sept. 25, 19 59, that I last saw the decease alive on Sept. 25 , 19 59 , and that death accurred at 12:15aM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Shallo Head of an M. D. Contagnal 2 , 00 March 2 , 19 59.								
270. BURIAL, CREMATION, 221 BUETAL (Specify)	9/28/59	22c. NAME OF CEMETERY New Cathedr	OR CREMATORY	22d. LOCATION (City, town, or		(Stote	:)	
23. FUNE AL DIRECTOR'S SIGN	exues) + Saus	240. REC'I	P 2 8 39		RAR'S SIGNATU			
U		Bolle	5.17, Ma						

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ALC: U.S. ID. the state of the s the state of the state of the second and the state of the

VS. A15ME(5) 5M 9/55

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09907

Reg. Dist. No.

1. PLACE OF DEA	Baltimor	942	MARYLAND	2. USUAL RESIDEN	CE (Whore deced	sed lived. If in		Residence be	efare adm	ission)	
b. CITY OR TOV	NN (If outside corporate limits, val town)—Towson,	write RURAL C. LE	NGTH OF STAY IN 16	-	VN (If autside co	rporate limits,	write RU	RAL and give	neorest to	own)	
	OSPITAL OR INSTITUTION			d. STREET ADDR			VQ	1-4	le IS P	ESIDENCE	
	brook Lane				ruid H	ill Av	renu	e	ON	A FARM?	
3. NAME OF DECEASED (Type or print)	Anni	First .e	Middle E .	Clark	4. DATE OF DEATH	in the last	Month pt.	28		Year 1959	
5. SEX Female		TE 7. MARRIED []	NEVER MARRIED 8		900	9. AGE (In year lost bightday)	yrs. IF	UNDER TYEAR	Hours	Min.	
during most of OME	PATION (Give kind of war warking life, even if retired STIC	rk done 10b. KIND C	Family	RY 11. BIRTHPLACE	(State or foreign	country)		12. CITIZEN C	S.	COUNTRY A.	
13. FATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME						
	Thomas N	Newton			Rebecd	a Cle	von				
15. WAS DECEASI (Yes, go, or unknown) NO	ED EVER IN U. S. ARMED I	of sension)	L SECURITY NO. 17. II	r. Jake	Newton		ress 'air	mount	Ave	nue	
Canditions,	DEATH WAS CAUSED BY. IMMEDIATE CAUSE if any, which immediate cause the underlying DUE T	(6)	pule	npio	~	2/1/	SZ	000	500	Le.	
PART II	. OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEAS	SE CONDITION	GIVEN	IN PART 1(o)	19. WAS PERFO YES [AUTOPSY DRMED? NO [_]	
PRIMARY CAUSE OF DE	r CONTRIBUTING LI 1	20b. DESCRIBE HOW	/ INJURY OCCURRED. (E	nter nature of Injury i	in Part I ar Part II	l af item 18.)					
	o. m.	While	OCCURRED 20e. PLACE Factor of work	CE OF INJURY (Home ary, street, affice bldg	farm, 20f. (Cit	y or town)		(County)		(State)	
death resu	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and find the death resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined cause										
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Char	les F	DONNE	ASSISTANT N DEPUTY MED	AL EXAMINER THE MEDICAL EXAMINER	ER 🗍		-9/2	8/	SIGNED 1-9	
REMOVAL (Sp			IAME OF CEMETERY OR	CREMATORY		ATION (City, to			(State		
Buria	1 Oct. 2	1959	Mt. Aubu			Baltim			aryl	and	
	d Funeral				REC'D BY REGIS			AR'S SIGNATU			
And we also the fill and	~ - without the	77-717-7-07		THE THE PERSON	D TOP	4 E G	(10%	Into the	ALLA.		

METHICAL EXAMINER'S CERTIFIC ATE OF DEATH The state of the s Lord by cole grant Henry slooved pool Olega State a control of the cont mmerve_outroreals 000-100-100-000 . 00_1400-00-000 STAILE OFFICE BLOGS. BALTO. A Comparation of the contract weiv ill bind Fiel-seri larate' prater M

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

	MAKILA	ND STATE DEPAK		IH-BALIIM	JKE, 18	09908
	0994	3 CERTIF	ICATE OF DEA	TH	Reg. D	4 0 1
Baltimor	Marie III I and	MARYLA	O STATE	(Where deceased lived.	If institution: Residence COUNTY Dorch	nce before admission)
b. CITY OR TOWN	(If outside corporate limits, v		c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and	give nearest town)
FORT HOW		118 Days	Cambrid	0 -	0913-	2
OP INSTITUTION	PITAL (If not in hospitol, give N S Administrat:	ion Hospital	d. STREET ADDRES			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF (Se DECEASED (Type or print)	rved as BRICE	Muddle M	COLEMAN	4. DATE OF DEATH	Month September	Day Year 3 19 55
S. SEX		MARRIED NEVER MARRIED	0022241	(1896)9. AGI	F (In years IF UNDER	R 1 YEAR IF UNDER 24 HRS
34-3 -	1	IDOWED DIVORCED		- 1 19st	Dirindoy) Months	Doys Hours Min.
Male 10a. USUAL OCCUPA	TION (Give kind of work done	e 10b. KIND OF BUSINESS OR I	- At Dop Common			IZEN OF WHAT COUNTRY
during most of w	orking life, even if retired)	Can Company		e, Maryland	U.	S. A.
13. FATHER'S NAME		Can Company	14. MOTHER'S MAID			
			Eliza Sam	maon		
IS. WAS DECEASED E	VER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	INFORMANT	раоц	Address	
Yes, no, or unknown)	(If yes, give war or dates of service		Clin.Rec.VAH,	Balto 18.Md	Fort How	ard Division
		per line for (o), (b), and (c).]	O L L L L L L L L L L L L L L L L L L L	Durotro		INTERVAL BETWEEN
	EATH WAS CAUSED BY:		יוכדו דר גיד וווכו			ONSET AND DEATH
420.0	IMMEDIATE CAUSE (o)	CONGESTIVE HEAD		·		
	DUE TO		IC HEART DISE			UNKNOWN
Conditions, if gove rise to	(0)		COLON WITH OF	STRUCTION		UNINOWN
couse (o), stotin		CARCINOMA, KID		1000 P ADI		
lying couse tos		MINIASIVATILE CARS	CINOMA LIVER A		RIDNAL.	RT 1(a) 19. WAS AUTOPSY
CATIC	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATE	H BUT NOT KELATED TO THE T	ERMINAL DISEASE CONI	JITION GIVEN IN PAI	PERFORMED? YES NO
(IF EITHER, NOTI	WAS UNDERLYING THE SOLUTION TO CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury	y in Port I or Port II of i	iem 18.}	
Y 20c. TIME OF INJ Hour o. m	n.	20d. INJURY OCCURRED 20 While Not while of work 1	De. PLACE OF INJURY (Home, foctory, street, office bldg.		'n) (n	(County) (State
21. I certify	that Nattended the de	eceased from May 8	, 19 59 , to_	Sentember 3	1450 3636300	0000000000000
The second second second		XXXX and that d		_		
MARKALA.		Y A CONTRACTOR	cam accorded at 1215	ADDRESS (Street, ci		DATE SIGNE
ACTUAL SIGNATURE	John 911. C	vall told	M.D.VAH. BALTO	18 MD POD	T MONTA DID I	DIV. 9/3/59
SIGNATURE	o vivi ju.	/-/-	M.D.V AD, DALITE	Lu, ru-rur	T DOMENT	TTA
PHYSICIAN'S NAME (Type)	OHN W. CRAWFO	RD, M.D.	VAH, BALTO	18,MD. FOR	T HOWARD	DIV.
220. BURIAL, CREMAT	TION, 22b. DATE THEREOF	22c. NAME OF CEMETE	ERY OR CREMATORY	22d. LOCATION (C	City, town, or county)	(Stote)
Burial (Speci	9/6/19:	59 Waugh Cemet	tery	Cambrid	ige, Maryla	and
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	24a.	REC'D BY REGISTRAR	24b. REGISTRAR'S SI	IGNATURE

Merbert St. Clair Funeral Home, Cambridge, Md.

9 '59

DATE SEP

arthur & thouse

TO FUNERAL DIP page 3 shauld be the registrar prior TO HOSPITAL OR VS A1S (4) 15M 9/5B

Barbard St. Claff Tunessk Hore. Combridge, bid.

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" Douglaster	Sea Cytal			conlains
	or hindred	sp.2322	; X.V.	For a Hou
	January College	i=threal a	aldrideinbha a SCHE ag hevy	
Participation (197	TAR MARKET	0 .11		
	Construction of the contract o		este ful-	0.64
A . S . W . S . S . S . S . S . S . S . S	Contradigo, Natyle	Jan Company		make and
	montas ex.10		40.2	1
Mi Fort Rouges Division	BE of for MAY, oor .u.	FC01 5507-70-1C	THE TANK	Yes
ADCREAGE AND TALKANDS	OTTURBED RID HA			
	206:12 406:12			
My and other pro-	THE PARTY DESCRIPTION OF THE PARTY OF THE PA			
OUR DEVIATE DIV.	VAH, BHATO 18,4D.		CHANGE IN CHANGE	
Lorent Level	rius 3	Statemati denak	18/18	la kurd

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for my files.

TO FUNERAL DEA. CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book of Health, or removal, and ip any event within 72 hours after death. 4 shauld be fr 5M 2/57

VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09919

	VV	7 10- 10- 100	7	10	T-11 00		va3	, DISI. 140.	
1. PLACE O	P DEATH BIZTI	MORE	MA	RYLAND	o. STATE	Where deceased li	b. COUNTY	sidence before	admission) IMORE
	OR TOWN (If outside corporate limits, we nearest town)	E RURAL	c. LENGTH OF STA	4	c. CITY OR TOWN (1552VE ST	7	e limits, write RURAL	and give near	rest town)
d. NAME	3 DIVISION	- 1	pital, give street add	ress)	P. STREET ADDRESS	SON 4	MD		ON A FARM?
3. NAME O DECEASE (Type or	D / 1	irst N1	WINFIE	LDC	RANSTON	4. DATE OF DEATH	Month SEPT	Doy 3	Yeor 1959
5. SEX	6. COLOR OR RACI	7. MARRIE			ATE OF BIRTH 12-10-181	1879 7	GE (in yed) 9 IF UNI		UNDER 24 HRS.
during-mo	OCCUPATION (Give kind of world state of working life, even if retired UIC DER	k done 10b. N	1	PLETTON	11. BIRTHPLACE (Stote	or foreign country	γ) . 12.	CITIZEN OF W	VHAT COUNTRY?
13. FATHER	VILLIAM A	. CA	PANSTO	2	4. MOTHER'S MAIDEN	MAME MUS			
15. WAS DE	CEASED EVER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY N	0. 17. INF	S E.W. C	PANSTO	Address N WEST K	D. Too	USON 4, 1
5 Condil gove ri	ise to immediate cause DUE To	o) 4	FEMIA	NE	1 HROSÍ	'S			MODELLINE OS,
3	ART II, OTHER SIGNIFICANT CO								WAS AUTOPSY PERFORMED?
PRIMAR CAUSE	TERNAL CAUSE WAS Y OF CONTRIBUTING OF DEATH.	20b. DESCRIBI	E HOW INJURY OCC	URRED. (Enle	r noture of injury in Po	rt 1 or Port 11 of its	em 18.)		
2	AE OF INJURY Month, Day, Y	White	Not while of work		OF INJURY (Home, form, street, office bldg., etc.		own)	(County)	(State)
	TURE PORTUGUENCA	Natural o	_/	cident [Homicide EXAMINER CAL EXAMINER	ection [], Inq , Undetermine		and in my The signed of the s
220. BURIAL BUR	CREMATION, 22b. DATE THERE	59	20. NAME OF CEMI ST. JAMI ADDRESS	ETERY OR CI	PISCOPPL 240. REC	22d. LOCATION MIG HI	(Cily, fown, or count CTO A 24b. REGISTRAR'S	SIGNATURE	(Stote)

a. COUNTY	Baltimore		MARYLA	AND	o. STATE Mar	yland	b. COU	VTY		1		
	N (If autside carporate lim e nearest tawn)	its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOW		porate limits, wri	te RURAL ar	nd give ne	arest tawn	1)	
Fort He			64 Days		Baltimore 3 VOI-4							
d. NAME OF HO	SPITAL (If not in hospital, g	give street	address)		d. STREET ADDRESS e. IS RESIDENC ON A FARM							
	ns Administra	ation	Hospital		4705 C	harlton	Avenue				NO	
3. NAME OF DECEASED (Type or print)		ELIAS VES		CUM MBEST	BEST Lost	4. DATE OF DEAT		Manth mber	6	-,	Year 19 59	
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	B. D.	ATE OF BIRTH	-	9. AGE (In ye		DER 1 YEAR	1		
Male	White	WIDOWE	DIVORCED		2/12/96		63	yrs. Manth	ns Days	Hours	Min.	
10a. USUAL OCCUP.	ATION (Give kind of work working life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12.0	CITIZENO	FWHATC	OUNTRY	
Auto Mecl	nanic	U	.S. Governmen	nt	Sales C	ity, Geo	orgia	1	U.S.A			
13. FATHER'S NAME				1.	. MOTHER'S MAI	DEN NAME						
Elias	J. Cumbest				Marz	illie Sh	niver					
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT			Address				
Yes	(If yes, give war or dates of a		13-01-3437	Clin.	Rec. VAH,	Balto 18	Md. F	ort He	oward	Divi	ision	
	DEATH Enter only one co								INI	ERVAL BE	TWEEN	
	DEATH WAS CAUSED BY:			MAT. C	ARCTNOMA	POSTS			ON	YEAF		
1511X	DUE TO		LIMII ADDONILI	MALI OI	TIOTIOTIS.	LOOTO			A D	PROX		
Canditians, i	f any which \	ADE	NOCARCINOMA	OF PI	ECTOSIGMO	OTT.			AL	YEAR		
gove rise to		,	WOOAITOTIVOPIA	OF 10	30 100 I GIT					TEMI	u.	
lying cause lo	ng the under-											
	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE	TERMINAL DISEA	ASE CONDITION	GIVEN IN I	PART I(a)	19 WAS	AUTOPSY	
ATIO	OTTER STOTEMENT COT		ON THE POPULATION OF THE POPUL	<u></u> 55. NO	KEDATED TO THE	TERMINAL DISEP	SE CONDITION	OIVEIV IIV	AKT I(U)	PERFO	RMED?	
200. ACCIDENT	WAS UNDERLYING	20b. DESC	CRIBE HOW INJURY OCC	CURRED. (E	nter nature of init	ary in Part I ar Pa	art II af item 18.)		,123 🗀	110 [2]	
OR CONTRIBUT	NG CAUSE OF DEATH IFY MEDICAL EXAMINER)											
20c. TIME OF IN Hour a.					OF INJURY (Hame street, affice bld		ity or town)		(County)	(State)	
P.	m. 19	While at war	k at wark			9., 0.0.,						
21. I certify	that / attended the	decease	ed fram July	4	_, 19.59_, to	Septemb	er 6, 19	59 3600 0	COODS	CODE	exe exe	
	000000000000000000000000000000000000000	00000	XXXX, and that d	leath ac	curred at 11	: 15AM from	n the causes	and an	the dat	e stated	abave	
	1105	2	1.7				(Street, city ar ta				E SIGNED	
ACTUAL	water (/	rolekum	M.D.	VAH, BA	LTO 18.	MD. FOR	T HOW	ARD D	IVISI	ION	
						100						
PHYSICIAN'S NAME (Type)	WALTER C. GO	DLDST	EIN, M.D.		VAH, BALT	0, 18 ,MD.	FORT HO	VARD I	DIV.	9/6/	/59	
22a. BURIAL, CREMA REMOVAL (Spec	ify)		22c. NAME OF CEMET	ERY OR CR	EMATORY	22d. LOC	ATION (City, tav	vn, ar caun	ty)	(Stot	e)	
Burial	9-70-5	9	Moreland	Memo:			rkville					
23. FUNERAL DIRECT		530	5 Harford Ro			. REC'D BY REGI		EGISTRAR'S				
Leonard J.	Ruck Inc.	Bal	timore, Mary		DA	TESEP 9'	59 (Iritur.	S. The	14		

TO HOSPITAL OR may be retaine TO FUNERAL DI VS A15 (4) 15M 9/5B

neral directar, d be filed with

completely filled in by

death. Page

requires that the death certificate be executed within 24 haurs oft

certificate has been signed by the attending physician and

use as the burial-transit

Auto 12 of the contraction of th tovino al littorio della compania de Clinged, Compage modelett bested from M. M. outet Mr. modelett District STATE OF THE PARTY 20 A 10 To 4 Sec. 1 the state of the s MODERNS CONTRACTOR DE LA CONTRACTOR DE L Area and a filterinal of their lateral transfer to the file of the file. promise op in a brought

may be retained by the haspital or attending physician.

TO FUNERAL DIM

R. After this certificate has been signed by the attending physician and completely filled in by page 3 shauld and established for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 state registrar prior to burial, crematian, ar remaval, and in any event within 72 hauxe offer death.

d be filed with neral director.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR VS A15 (4) 15M 10/57

\mathbb{H}	03349 CEKIIIC	AIL OF BLATT	Reg. Dist	. No.
	1. PLACE OF DEATH Balto MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE,	ssed lived. If institution: Residence b. COUNTY	befare admission)
	b. CITY OR TOWN (If outside carpertote limits, write RURAU and give nearest tawn) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside car	porate limits, write RURAL and gi	ve nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital) give street orderess) OR ANSTITUTION LUCY	distreet ADDRESS	to 312 Paul	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) LIZABETH Middle	DA L Lost 4. DATE OF DEAT	1.17 11	Day Year 1959
	5. SEX G. COLOR OR RACE NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH DEC 16 1893	lost birthday) Manths [YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign	Trad 12. CITIZ	ZEN OF WHAT COUNTRY
	Michael Saly	14. MOTHER'S MAIDEN NAME	+ Raga	n
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (Hr yes, give wor or dates of service)	INSORMANT Habl	Address 3321	St
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	arterio peles.	rein	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate couse (a), stating the under DUE TO	_artuwseleron	ois peatre	1042
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
		ED. (Enter nature of injury in Part I or P	art II of item 18.)	tud 11- (SE)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. P While Nat white at wark 19 p. m. 19	LACE OF INJURY (Home, form, 20f. (Cactary, street, affice bldg., etc.)	ity or town) (Co	ounty) (State)
	21. I certify that Lattended the deceased from May alive an Steph 8, 1954, and that deat ACTUAL SIGNATURE FREDERICK of Valleur	h accurred at 4:30 AM, fro		e date stated above
	PHYSICIAN'S FREDERICK J. VOLLMER	M.D. , Q. Q. TVVC / 1	ac Lower L	ema spioso
	270. BURIAL CREMATION, 226/DATE THEREOF 22c. NAME OF CEMETERY COMMON SELECTION SELECTI	DR-CREMATORY 22d. LOC	ATION (City, town, or county)	ma (State)
	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS VOK A	240. REC'D BY REG DATE SEP 2 2	1STRAR 24b. REGISTRAR'S SIGN	

FOR STATE

HEALTH DEPT Poge Health,

necessary, please sor, ctor. files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be it ided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bf or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 OMSDICAL EXAMINER'S CERTIFICATE OF DEATH

09912 Reg. Dist. No.

	-			
		LACE OF DEATH COUNTY Ballo MARYLAND	a. STATE b. COUNTY	nce before admission)
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL ond give newtest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 210 Laugley Rd 20	1210 Fangley Rd	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF DECEASED Type or print) Foreful Daniel &	aves DEATH Sept /	Doy Year 6 1959
	5. 5	male of WIDOWED DIVORCED	(20 170 / 2 2 yrs.	TYEAR IF UNDER 24 HRS. Days Hours Min.
1	10a.	USUAL OCCUPATION (Give kind of work done uping most of working life, even if retired) RP Education	11. BIRTHPLACE (State or toreign country) 12. CITI	ZEN OF WHAT COUNTRY?
		Hoyd Davis	14. MOTHER'S MAJDEN NAME Carnold	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 17. I	Oda Davis Same	
		18. CAUSE OF DEATH [Enter only one cause per fine of (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LANCE OF DEATH [Enter only one cause per fine of (o), (b), and (c).]	Occlusion	INTERVAL BETTEEN ONSET AND MATH
		Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying cause lost. (b) DUE TO (b) DUE TO (c)		
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o, m. p. m. 19 20d. INJURY OCCURRED facto of work at wark	E OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (Cou	nty) (Stote)
		21. I certify that I taak charge of the remains described above	re, held an Autapsy 🔲, Inspection 📈, Inquir	y . and in my
		opinion déath resulted fram: Natural gauses N. Accident	CHIEF MERICAL EXAMINES [7]	DATE SIGNED
		SIGNATURE THE COLUMN	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	0 17-18
4		EXAMINER'S SAUCE Collins	DEPUTY MEDICAL EXAMINER	4-11-57
	C	BURIAL (REMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR REMOVAL (Specify)	Cemetery Flintstone	ud (Stole)
1	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	A CALA 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
6		Mulling of mis of 140/Co	CALLEY DATE SEP 1 8 '59 Onthon &	Freeta

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ATT	A		del	r to
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4	be retained by the haspital ar attending physician.	NERAL Din DR: After this certificate has been signed by the attending physician campletely filled in by	3 should Expetached for use as the burial-transit permit. Then please remove cother papers. Pages 1 and 2 should be filed with	egistrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.
TAL	retai	AL E	houl	ror
SPI	be	NER	3 5	egist

VS A15 (4)

1SM 10/57

17	B		MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	84		09948	CERTIFICA	ATE OF DEATH
director, led with	(1)	1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE Mary land b. COUNTY
neral		b. CITY OR TOWN RURAL and give Catons	(If outside corporate limits, write nearest lown)	c. LENGTH OF STAY IN 16 2yr7mth26dys	c. CITY OR TOWN (If outside corporate limits, write RUR) Arnold, Maryland
2 2	0/11	d. NAME OF HOSP OR INSTITUTION SPRI NG	GROVE STATE	oddress) HOSPTTA L	d. STREET ADDRESS Arnold, Maryland

Middle

DIVORCED

Whithownnone

Bronchopneumon

Arteriosclerot

Generalized a

Not while of work of work

22c. NAME OF CEMETE

ADDRESSA

Glen Ha

20b. DESCRIBE HOW INJURY OCC

20d. INJURY OCCURRED

white

Martin Derschinger

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

Retired potter

Conditions, if ony, which gove rise to immediate

cause (o), stating the under-

20c. TIME OF INJURY Month.

p. m.

Hour o. m.

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type)

Burial

REMOVAL (Specify)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

220. BURIAL, CREMATION, 22b. DATE THEREOF

lying couse last.

First

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED IX

Charles

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]

DUE TO

DUE TO

Day, Year

21. I certify that I attended the deceased from Jan.

Stella Wachsler, M. D.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

NAME OF DECEASED

5. SEX

why phylotetal

CATION

MEDICAL

male

(Type or print)

13. FATHER'S NAME

-	TE OF DEATI			Re	rg. Di	st. No		
ND	2. USUAL RESIDENCE (WO. STATE Mary		d lived. If institution b. COUNTY				undel	
1ь	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URA	Lond	give ne	arest town)
75	Arnold	, Mary	land	0	12	X-	2	
	d. STREET ADDRESS Arnold,	Maryl	and					FARM?
Dea	cschinger	4. DATE OF DEATH	Sep	th /		Di		Year 1959
	B. DATE OF BIRTH		9. AGE (In years last birthday)				IF UNDE	
	March 19, 1	874	85. yrs.	M	onths	Doys	Hours	Min.
NDUS	TRY 11. BIRTHPLACE (State	or foreign c	ountry)		12. CI1	IZEN (OF WHAT	COUNTR
	Maryla	nd			U.	S.	A.	
	14. MOTHER'S MAIDEN	NAME						
		abeth	Alt		40			
7. 11	FORMANT		Add	ess				
Re	cords: SPRI	NG GF	OVE STA	TE	H	OSP.	ITAL	
a	and pulmonar	y absc	esses			INT	ERVAL BE SET AND	TWEEN DEATH
ic	cardiovascul	ar dis	ease					
te	riosclerosis							
	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN	IN PAR	1 1(a)	PERFO	AUTOPSY RMED?
IRREC). (Enter nature of injury in	Port I or Par	t II of item 18.)					
PLA fac	CE OF INJURY IHome, forn tory, street, office bldg., etc	n, 20f. (Cit)	or town)	í,	(4	[ounty]		(State)
8	, 19.57, to	Sept.	7, 19.55) ,,	at I	lost s	au tha	dasage
	occurred at 9.30	O.M. from	n the course of	l	on t	ho de	to state	deceuse
- Cill	occorred di_g	ADDRESS (S	treet, city or town,	stote	e)	ie uc		ATE SIGNE
	A.D. SPRING GR	OE ST	TATE HOS	PI	TAL		9-8-	59
	M.D. ,							
	Catonsvil	le 28.	Marylan	d				
Y OF	CREMATORY		TION (City, town, o		ounty)		(State	e)
ver			en Burnie					
- 44	•	U.L.	ATT DOT ITTE	-	444			

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O HONFILAL OR ALLENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page	may be retained the hospitol or attending physician.	200 TO FUNERAL DIRE. OR: After this certificate has been signed by the ottending physician ond completely filled in by it meral directs	ď	the registron prior to burial, cremation, or remayal, and in any event within 72 hours after death.
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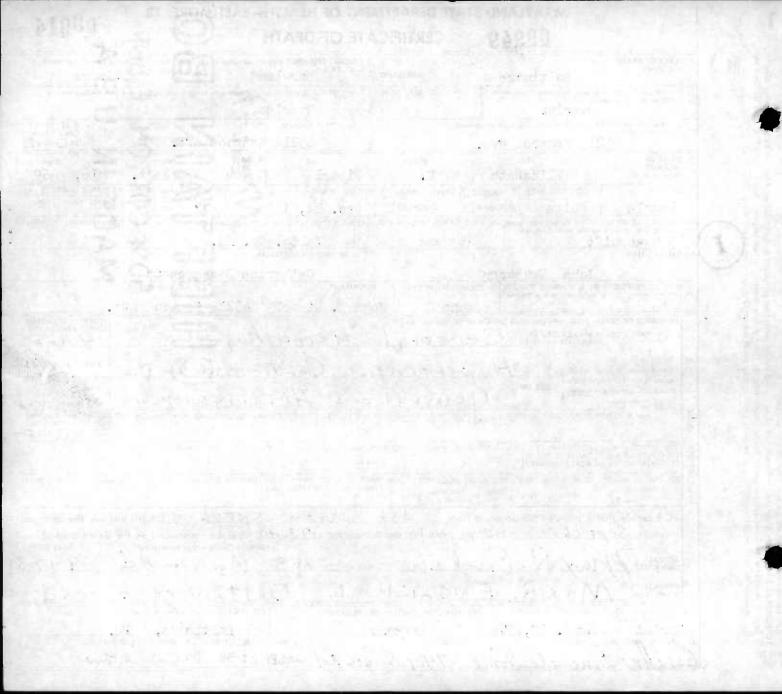
		MAR	LAND	STATE DEPA	RTM	NENT OF HEALTH	H-BAL	TIMORE, 1	8	0	00	4 1
		05	9949	CERTI	FIC/	ATE OF DEATH	Н		Reg. Di	ist. No.	33	14
	PLACE OF DEATH o. COUNTY	Balti	more	MARY	LAND	2. USUAL RESIDENCE (WHO o. STATE Maryla		d lived. If institution b. COUNTY		nce before		ion)
t	b. CITY OR TOWN (II RURAL and give ne		mits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	1000	rote limits, write RI	URAL and	give near	rest town)
(d. NAME OF HOSPIT. OR INSTITUTION		l, give street od Ave	200		/ d. STREET ADDRESS	Kenwo	od Ave.	3	e		FARM?
	NAME OF DECEASED (Type or print)		Fini abeth	Middle M.		Dietel	4. DATE OF DEATH	Mont Se	ept.	Day 1	' .	Year 1959
S. S	SEX Female	6. COLOR OR RAC	TE 7. MARR	RIED A NEVER MARRIE		B. DATE OF BIRTH Dec. 12, 188	36	9. AGE (In years last birthdoy) 72 yrs.	Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
10a	USUAL OCCUPATION during most of work Housewi	king life, even if retire	k done 10b.	At Home	R INDU	JSTRY 11. BIRTHPLACE (Stole Bal to.			12. CIT	US.		OUNTRY?
13.	FATHER'S NAME	John Ne	eubau er			14. MOTHER'S MAIDEN N		odenschat	52	5		
1S. (Yes	WAS DECEASED EVER	R IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO.		ohn T. Dietel	432	Addr 1 Kenwoo		e.	6	
	PART I. DEA 443 X Conditions, if a gove rise to in cause (o), stoting lying cause last.	NTH WAS CAUSED BY IMMEDIATE CAUSE DUE 'ny, which mmediate the under-	Y; (a) C	Genera	n s.	zed Art	liova	scular osclepi	Dis	INTE ONSI Z	an yo	Y S
CERTIFICATION		V - 1914				T NOT RELATED TO THE TERM		1975	EN IN PAR	₹T 1(o) 19	PERFO	AUTOPSY DRMED?
	OR CONTRIBUTING	AS UNDERLYING [] GO CAUSE OF DEAT MEDICAL EXAMINER	(H (t)	ERIBE HOW INJURY OF	CCURRE	ED. (Enter noture of injury in	Port I or Fort	I II or item 18.)	*			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Doy, 19	While	Nat while		LACE OF INJURY (Home, form octary, street, affice bldg., etc		or town)	((Caunty)		(Stote)
	21 I cortifie th	ot Lattended th	he deceas	ad from	gh	1053 to 2	Sent	-16 1059	that I le	ost saw	the d	herened

21. I certify tho , and that death occurred at 7.30PM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S NGLI more NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 19.1959 Bal timore. Parkwood Burial Sept.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE SEP 21 '59 arihan & Kraus



Reg. Dist. No.

ce of DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution and b. COUNTY	Baltimore
CITY OR TOWN (If outside carporate limits, write URAL and give nearest town) TOWSON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside carporate limits, write RI	URAL and give rearest town)
NAME OF HOSPITAL (If not in hospital, give street or Institution 1906 Indian B		d. STREET ADDRESS	ndian Used T	e. IS RESIDENCE ON A FARM?
				₹d YES NO DX
ME OF First EASED MATTISON		UGHTY	4. DATE Monitor OF DEATHSept. 15	
		B. DATE OF BIRTH Sept. 3,187	7 P. AGE (In years last birthday) 82 yrs.	Months Days Hours Min.
SUAL OCCUPATION (Give kind of work done 10) ring most of working life, even if retired) VIL Engineer	Railroad	Wiscons	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HER'S NAME illiam Doughty		14. MOTHER'S MAIDEN N Elizabet		
AS DECEASED EVER IN IL S ARMED FORCES? 11	s. SOCIAL SECURITY NO. 17. IF	NFORMANT s. Robt. W.	Addr Jenkins-190	ess 06 Indian Head R
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		cinoma of le		INTERVAL BETWEEN
conditions, if ony, which over rise to immediate ause (a), stating the under- ving couse lost. (b)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
g. ACCIDENT WAS UNDERLYING A 20b. DE R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enler nature of injury in P	ort I or Port II of item 1B.)	
Hour o. n. Whil		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
l. I certify that I attended the deced live on Sept. 14 19	used from April 2 59 and that death	accurred at 9:43A	pt. 15, 1959 M, fram the causes a ADDRESS (Street, city or town, enmount Aven	
INSICIAN'S Lloyd E. Say	or, M. D.	M.V	e 18, Maryla	
URIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, o	
NERAL DIRECTOR'S SIGNATURE	ADDRESS		East Orange;	
TENNE SINEGION S SIGNATURE	MADIESS] 24a. REC'D	BY REGISTRAR 24b. REGIS	I KAK 2 SIGNATUKE

4, Md.

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MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BAL	TIMORE,	18
MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF	DEATH	Par

09917

	1000	150			- 1			Reg. I	Dist. No).
1. PLACE OF DEATH o. COUNTY Ba	1 thmore	UL	MARYLA	d. STATE		Where decess	ed lived. If institu b. COUNT	/ -		fore admission) MOTE
and give nearest to	(If outside corporate limits, worm) Verlea	rite RURAL	c. LENGTH OF STAY IN	16 c. CITY C	Over		porate limits, write	RURAL or	nd give n	earest town)
d. NAME OF HOSE			pital, give street address)	11 /	ADDRESS L Ken]	lea Ave	3.	mil		e. IS RESIDENCE ON A FARM? YES NO \(\subseteq
3. NAME OF DECEASED (Type or print)		inst	Middle Object		ost	4. DATE OF DEATH	Manth Sept		Day	Year 19 59
5. SEX	6. COLOR OR RACI	7. MARRIE	NEVER MARRIED [8. DATE OF BIR	0-	3	9. AGE (In years lost birthday) 60 yrs.	IF UNDE Months	R 1YEAR Days	IF UNDER 24 HRS. Hours Min.
during most af worl	TION (Give kind of work king life, even if retired)	IND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (State	ar fareign c	ountry)	12. CI	TIZEN O	F WHAT COUNTRY
13. FATHER'S NAME	hant		Varket	14. MOTHER	Bal to				U)A
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED F	ORCES? 16. S		7. INFORMANT	ah adda		Address 71:03	ner Kenl	00	Arro
Canditions, if gave rise to imm (a), stating the cause last.	underlying DUE TO	b)	Massive her		ht					
20g. EXTERNAL C	AUSE WAS		NTRIBUTING TO DEATH B					EN IN PA		PERFORMED? YES NO
PRIMARY Or C CAUSE OF DEATI	IURY Month, Day, Y	ear 20d. It	NJURY OCCURRED 20e.	PLACE OF INJURY factory, street, affi	(Home, farr	m, 20f. (City		(Co	ounty)	(State)
	ed from: Matura	causes	emains described of Accident , Accident , Jr., M.D.	Suicide , CHIEF ASSIST	Hamicide	-			j. <u> </u>	DATE SIGNED 6, 1959
22g. BURIAL, CREMAT REMOVAL (Special Burial	ION 226 DATE THERE	OF	22c. NAME OF CEMETERY Gardens Of				TION (City, town, climore, M			(State)
23. FUNERAL DIRECTO		Homes	ADDRESS 7401 Geld	wi Rd.	240. REC	'D BY REGIST	RAR 24b. REGIS			

VS. A15ME(5)

AND THE RESERVE AND ASSESSMENT OF THE PERSON		HINDRAND BAD		
	Date Print Box		974 (20)	
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 1 FilmG249 9-28-59 et CERTIFICATE OF DEATH

09918

-	00000			Reg. Dist.	, No.
1	1, PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		before admission)
	Be It imake	MARYLAND	Maryland	b. COUNTY	1-1 0
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and air	ve negrest town)
	RURAL and give nearest town)	3.4.	11 3 -	~ 1 V	9
	d. NAME OF HOSPITAL (If not in hospital, give street of	orderess) (1)	d. STREET ADDRESS	OXX	e. IS RESIDENCE
	OR INSTITUTION .	oddress) (Private	Dr. C		ON A FARM?
	1709 Reisterstown K	oad home)	" T Georgia AV	er	YES NO D
	3. NAME OF First DECEASED	Middle	Lost / 4. DATE	Month	Day Year
	(Type or print) / Mai-18	14. E	ckman DEATH	Debt-	19. 1959
	5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	Land Lines day 1	YEAR IF UNDER 24 HRS.
	Female WIDOWE	DIVORCED	16 January 1898	G yrs. Months D	Pays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. I	KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZ	EN OF WHAT COUNTRY?
	during most of working life, even if refired)	wn Home	B. 14.	111	5 1
	13. FATHER'S NAME	Day Horne	14. MOTHER'S MAIDEN NAME	1-163	0 - H.
	11 4- (6	1 ()	111	1.1	
	UNKNOUN (Je	naeteo	largaret	(Unknown)	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes. no. or junknown] (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT /	Address	#2
-	No mynn	None C	harles 14. Eckmi	in - Pame A:	5 "2
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]	0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Droschopmen	min	ONSET AND DEATH
Н	442 X DUE TO				
	Conditions, if ony, which)		Wremie Coma		3 days.
	gove rise to immediate			^	1
	Couse (o), stating the under-	Hyneiteria	Carlo Vascular 1	Canal Alsean	Year
	(0)	ONITRIPUTING TO DEATH BUT	NOT BELLTED TO THE TERMINAL DISEASE	CONDITION CHIEN IN BART	Value AUTORSY
7	PART 11. OTHER SIGNIFICANT CONDITIONS CO	P - L O	LA VA	CONDITION GIVEN IN PART	PERFORMED?
		ret want			YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCURRED). (Effer nature of injury in Part I or Part	II of item 18.)	
5	- I		ACE OF INJURY (Home, form, 20f. (City tary, street, office bldg., etc.)	or town) (Co	unty) (Stote)
	Hour o.m. p. m. 19 While of work				
	21. I certify that Lattended the decease	d from Alex	F14 10 59 to Sent	19, 1959, that I la	et saw the decorred
	alive on 18, 195	5 and that death	occurred at 3 a. M. from		
	One on	1		the causes and on the	DATE SIGNED
3	ACTUAL TOUR R.	Maser	4235 10	16 /K 1/27	Pre 9/19/17
8	SIGNATURE DOWG		w.D	aluns	- it ito
	PHYSICIAN'S L.R. MASER	M.D.		U	
	22o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCAT	ION (City, town, or county)	(Stole)
	REMOVAL (Specify) 21 Debt - 1959	Loudon Pa	60 33	Himore, N	11
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTI		IATURE
	R.V. Singleton, G/p	13 4 1	12		
	1 3 6 16	, a ~ ()	14 DATE SEP 2 2 '5	9 Orthur &	/ isalls

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and the party of the second of the second of the				
Indication of the population of the place of				
THE STATE OF THE S		Section 2	S. Care	

22c. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

Dundalk

ADDRESS

22d. LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR

Baltimore Co., Maryland

24b. REGISTRAR'S SIGNATURE

arthur & House

VS A15 (4) 15M 9/55

death



NAME (Type) 220. BURIAL, CREMATION,

REMOVAL (Specify)

21. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

A 164 Sept.		CERTIFICATE	- Konsa	
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CERTIFICATE OF DEATH

05554		keg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a a. STATE Maryland b. COUNTY	dmission)
b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	town)
d. NAME OF HOSPITAL (If not in haspital, give or INSTITUTION		Baltimore 3 V 0 1 4 d. STREET ADDRESS e. !	S RESIDENCE ON A FARM?
Veterans Administra	ation Hospital		S NO X
3. NAME OF First DECEASED (Type or print) HARRY	Middle A	Lost 4. DATE Month Doy EULER DEATH September 30	Year 19 59
	MARRIED NEVER MARRIED DOWED MONTH DIVORCED	8. DATE OF BIRTH November 18, 1878 9. AGE (In years IF UNDER 1 YEAR IF lost bighdoy) Months Days H	Ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDU		HAT COUNTRY?
13. FATHER'S NAME Ned Euler (Edwin J.	Euler	14. MOTHER'S MAIDEN NAME Augusta Kabernagel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no, or unknown) Yes OW	16. SOCIAL SECURITY NO.	INFORMANT Address Llin.Rec.Vet. Adm. Hospital Ft. Howard	, Md
Adenocarcinoma of	ascending colon,	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YE removed April, 1958	VAS AUTOPSY PERFORMED?
OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Part II of item 18.)	
Hour a.m.		LACE OF INJURY (Home, form, 20f. (City or town) (County) octory, street, office bldg., etc.)	(Stote)
ACTUAL SIGNATURE John W.C.	pexxxxx, and that death	1 , 19 59, to September 30 19 59 KKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK	pated above. DATE SIGNED 9/30/5
PHYSICIAN'S NAME (Type) JOHN W. CRAWFOL	RD, MD.		9/30/59
REMOVAL (Specify) Burial 10-3-59	Loudon Park	Cemetery 3801 Frederick Ave. Bal	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Tickner& Sons I		240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 246. REGISTRAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained, the hospital or attending physician.

TO FUNERAL DIR DR DR DR DR DR DR DR SE. After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 harfs after death. VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) Baltimore o. COUNTY b. COUNTY Balto. O. STATE MARYLAND Iricl. Page necessary, 100 b. CITY OR TOWN (If outside corporate limits, write RURAL and give more towns Highlands c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore Highlands d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 4012 Annapolis Rd prio .00 YES NO TH the registrar NAME OF First Middle 4. DATE Lost Month Day Year far your OF (Type or print) 19 Faullmar Frank 6. COLOR OR RACE 7. MARRIED 9. AGE (In years IFUNDER TYEART IF UNDER 24 HRS. S. SEX NEVER MARRIED 1 8. DATE OF BIRTH Male lost birthday) 2 with the Months WIDOWED DIVORCED T 0 yrs. e 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even of retired) an pe may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Page 5 n Give Per 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) File (Yes no or unknown) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] permit PART I, DEATH WAS CAUSED BY: Coronery Thrombosis IMMEDIATE CAUSE (a) along with far burial-transit DUE TO Conditions, if any, which pencil gave rise to immediate cause should **DUF TO** (a), stoting the underlying O couse last. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 50 CATION PERFORMED? used YES 🗍 NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) **EXAMINER: This** should Exam the ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not while Medical o. m. 3 at work of work p. m. writing 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection. Inquiry and find that OR: death resulted fram: Notural causes Accident , Suicide , Homicide , Undetermined cause DEPUTY MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER certi 00 FUNERAL I ASSISTANT MEDICAL EXAMINER Geo. S. M. Kieffer **EXAMINER'S** cute the DEPUTY MEDICAL EXAMINER NAME (Type) 1950 220. BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL (Specify) 22c. NAME OF CENTERRY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 24. FUNERAL PIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S) 50 DATE 5M 9/55 Continue

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	rrificate has been signed by the attending physician and campletely filled in by	as the burial-transit permit. Then please remove grabon papers. Pages 1 and 2 should be filed with	
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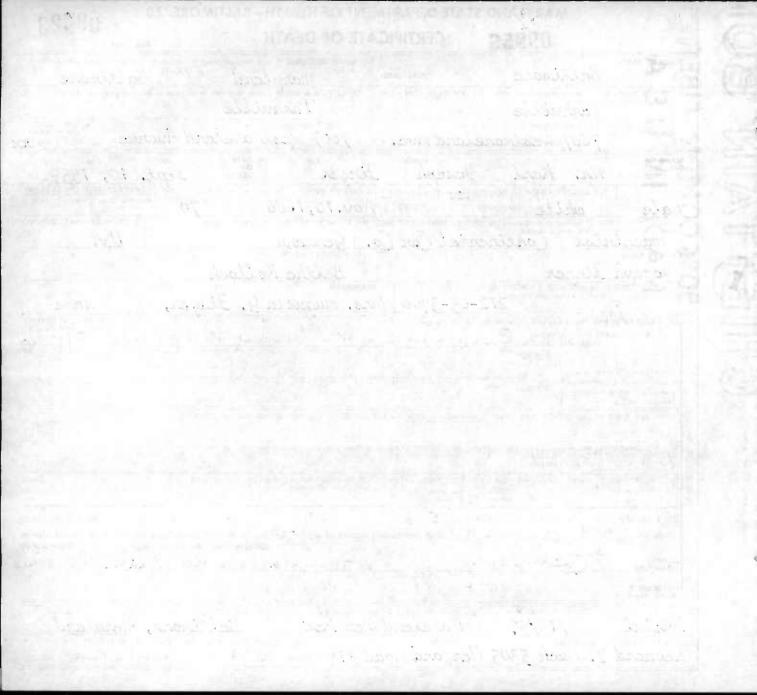
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE O

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F DEA	III		R	eg.	Dist.	No.	
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PLACE OF DEATH a. COUNTY	Baltimore	MARYLA	a STATE &	ENCE (Where decease	d lived. If institution b. COUNTY		are admissio	an)
b. CITY OR TOWN (I RURAL and give no	If autside carporate limits earest town)	c. LENGTH OF STAY IN		OWN (If autside carpo Parkville	orate limits, write R	URAL and give ne		
d. NAME OF HOSPIT OR INSTITUTION	7807 Wesa	ve street oddress) Emoreland Ave.	d. STREET AC 7807	Westmore	land Av	enue	e. IS RESII ON A I YES	DENCE FARM? NO [3
3. NAME OF DECEASED (Type or print)	Mr. Kar	L Joseph	Finger	4. DATE OF DEATH	Sep	1 40	1000	ear 9
5. SEX male	1	7. MARRIED DIVORCED	11/	0.00	9. AGE (In years last birthday) 70 yrs.	Manths Days	Haurs	R 24 HRS. Min.
during most of war	king life, even if retired)	one 10b. KIND OF BUSINESS OR tinental (an	Co. Germ	any	auntry)	12. CITIZEN O	F WHATCO	DUNTRY?
13. FATHER'S NAME	Finger		14. MOTHER'S	ha Kollo	ch			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORC (If yes, give war or dates of ser	16. SOCIAL SECURITY NO. 212-03-3408	Mrs. Aug	usta G.	Finger,		same	
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	DITIONS CONTRIBUTING TO DEAT			E CONDITION GIV	/EN IN PART 1(o)	PERFOR	AUTOPSY RMED?
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] :	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature af	injury in Port I ar Par	t II af item 1B.)			
20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Doy, Year	7 20d. INJURY OCCURRED While Nat while at wark at wark	0e. PLACE OF INJURY (H foctory, street, office		y ar tawn)	(Caunty)	(State)
21. I certify the alive an	nat I attended the 1. 9	deceased from \$. 2 \$, 19 \$ 9 , and that d DSEPH SKLOVEN, M 7122 Harford Road	leath accurred at			d on the dat	e stoted DATE	abave E SIGNED
	9/15/5	0.4	ery or CREMATORY d Mem Par	1	TION (City, town,	M	(State	1
23. FUNERAL DIRECTOR	S SIGNATURE	205 Handand R		240. REC'D BY REGIS		STRAR'S SIGNATE		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	ACE OF DEATH COUNTY	Baltimore		MARYLAND	O. STATE		here deceas	ed lived. If Insti b. COUN	- mar		fore odm	
b.	CITY OR TOWN and give nearest for	(If outside corporate limits, write wa) Towson	RURAL	c. LENGTH OF STAY IN 16	c. CITY O	Tows		porate limits, writ	e RURAL of	nd give r	nearest ta	wn)
d.	NAME OF HOSPI	1812 Devero			d. STREET	ADDRESS 1812	Deve	ron Road	d #4	1	ON	A FARM?
DE	AME OF CEASED (pe or print)	Fin G	" EORGE	A. XXXXX	Los FI		4. DATE OF DEATH	Mon Sept	tembe:	Doy		fear 19 59
5. SE)	Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED D	B. DATE OF BIRTI)	9. AGE (In years lost birthday) 78 yrs	Months	R 1YEAR Days	Hours	ER 24 HRS. Min.
	usual OCCUPAT ing most of work ired Ins		done 10b. K Ba	ind of Business or Industrial Ito. Transit		MOre,			12. CI	TIZEN O	F WHAT	COUNTRY
Ada					14. MOTHER'S		AME					
15. W (Yes. n	/AS DECEASED E o, or unknown)	VER IN U. S. ARMED FOI (If yes, give war or dates of	service)		Mrs. Mar	garet	E. Se	Addres		vero	n Ro	ad #
()	Conditions, If gove rise to imma), stoting the cause lost. PART II. OT	underlying DUE TO (c).	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	E CONDITION G	IVEN IN PA		PERFC	AUTOPSY ORMED?
OZ P	Og. EXTERNAL CARIMARY OF CO	ONTRIBUTING 🗆	b. DESCRIBE	HOW INJURY OCCURRED.	(Enler noture of i	njury in Part	l or Port II	of item 18.)			YES 🔯	NO []
MEDICAL	Oc. TIME OF INJU		While		ACE OF INJURY (ctory, street, office	Hame, farm, bldg., etc.)		or town)	(C	ounty)		(State)
		that I took charge d from: Natural		emains described ab		Autapsy Iomicide		nspection	, Inqu cause [iry 🔲	, and	find that
	ACTUAL GIGNATURE	Charle	05	Ketty.	M.D.	MEDICAL EXA		R (TS)			PATE:	SIGNED /CO
1	XAMINER'S NAME (Type)	Charles S		TY. M.D. 22c. NAME OF CEMETERY O	DEPUTY	MEDICAL E	XAMINER [
Bu	rial (Specification)	9/14/59		Loudon Park		У	Balt	imore, l	Maryla	and	(Stat	•)
23, FL	m. J. C.	ichiler ?	Ba	eto-17, m	rd.	DATE EP	1 5 '59		ISTRAR'S S		-	

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

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PLACE OF DEATH O. COUNTY	Baltimore		M	ARYLAND	2. USUAL RESI		land	lived. If instituti b. COUNTY	on-Reside	nce befo	re odmi	ssign)
b. CITY OR TOWN RURAL ond give Caton	(If outside corporate lim nearest town) SVIIIe	its, write	c. LENGTH OF S		c. CITY OR Balt:		outside corpo	rote limits, write R	URAL ond	give nec	rest tow	rn)
OR INSTITUTION	PITAL (If not in hospital,				d. STREET /		Street	b			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		hael		ddle schhu,	Fishha		4. DATE OF DEATH	Mon Sept	ember	Do	<u>,</u>	Year 19 59
5. SEX male	6. COLOR OR RACE white	WIDOW	DIVO	RCED 🔲	8. DATE OF BIRT	mar.	13.	9. AGE (In years last birthday) 71 yrs.	Months	Days	IF UND	DER 24 HRS. Min.
10a. USUAL OCCUPAT during most of we baker	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINES	SS OR INDU	STRY 11. BIRTHP	LACE (Stote Ger	or foreign co	ountry)		TIZEN O		T COUNTRY
13. FATHER'S NAME	eph Fishhab	er			14. MOTHER'S	MAIDEN N	IAME		3.41			
	VER IN U. S. ARMED FOI (If yes, give wor or dotes of	RCES? 16.	SOCIAL SECURITY		ecorde:	SPRIN	ig gr	Add OVE STAT		OSPI	ጥ ል T .	
	g the <u>under-</u> DUE TO	C H	ne for (o), (b), ond ardiorens ypertensi	al fa	ilure rdiovasc	ular	diseas	5 0		INTE	RVAL B	SETWEEN D DEATH
CAT	THER SIGNIFICANT CON		CONTRIBUTING TO						EN IN PAI	RT 1(a) 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m p. m	. 10	ear 20d. If	NJURY OCCURRED Not while	20e. PI	ACE OF INJURY (ctory, street, offic	(Home, form	, 20f. (City		(County)		(State)
ACTUAL SIGNATURE	stalla Wash	Wa	chale		M.D. SPRI	8:35 ING G	AM, from ADDRESS (SI ROVE	the causes of reet, city or town, STATE H	and an t stote) IOSPI'	he da	te stat	deceased ted above ATE SIGNE -4-59
220. BURIAL, CREMAT REMOVAL (Specif 23. FUNIERAL DRECTO	1 9-7-5		22c. NAME OF C MEAC ADDRESS AL HOME	1	R CREMATORY	MORIN	22d. LOCAT	TON (City, town, of LIKE & B	or county)			te)

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MARYLAND ST	ATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	00000
00061	CERTIFICA	ATE OF DEATH	Reg	()9928 J. Dist. No.
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md	ere deceased lived. If institution: Re b. COUNTY	sidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON - 4	LENGTH OF STAY IN 16		utside corporote limits, write RURAL IMORE 18 3	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	ress) Rd. •	d. STREET ADDRESS 4 Ea	st 32nd St.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) MIRIAM	Middle BOWLES (GILE	4. DATE Month OF DEATH Sept. 4.	Day Year 1959 19
SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		8. date of Birth May 25.1901	9. AGE (In years fost birthdoy) 58 yrs.	NDER 1 YEAR IF UNDER 24 HRS. 1ths Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interviewer, Md. Dept. of E 3. FATHER'S NAME BOWLE 5. WAS DECEASED EYER IN U. S. ARMED FORCES? (16. SOC Yes, no, or unknown) [(If yes, give wor or dates of service)]	mployment s	Security - 1 14. MOTHER'S MAIDEN N NOT KNOT	Maryland AME	USA ty Hill Rd.4
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which)		Clinically	lices	INTERVAL BETWEEN ONSET AND DEATH DAY'S WEEKS
gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CON	CIN O IN A TRIBUTING TO DEATH BUT	of Rec	40m NAL DISEASE CONDITION GIVEN IN	Menths PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO 14
200. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I or Port II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJUI Hour o. m. While at wark	Nat while for	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.		(County) (State)
21. I certify that I attended the deceased alive an 9.3, 19.5 ACTUAL SIGNATURE	1, and that death		M, from the causes and ar ADDRESS (Street, city or town, state)	
PHYSICIAN'S NAME (Typo)				9/4/3
20. BURIAL, CREMATION, 22b. DATE THEREOF 22	C. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or cou	inty) (State)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery. Cremation Sept. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SANDER 80 SONS. INC. Baltimore Md.

Baltimore Md.

(State)

24a. REC'D BY REGISTRAR SEP 8'59

24b. REGISTRAR'S SIGNATURE arthur & Kraus

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CERTIFICATE OF DEATH 09963 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Baltiimore MARYLAND Baltimore b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) RURAL and give nearest town) Reisterstown Reisterstown vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
BETTYMEN'S Lane A STREET ADDRESS e. IS RESIDENCE Berryman's Lane YES TO NO NAME OF 4. DATE Month OF September First Middle Day Year 1059 19 Wilhemina Green Lena (Type or print) S. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH Months Dovs Hours December WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? TISA Housewife Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Vaughn Katherine Gauss 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address John W Green Owings Mills Md 216-18-0313 No 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: C DUE TO Conditions, if any, which gove rise to immediate DUE TO casse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month. Day Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) a. m. While Not while at work at work D. m 21. I certify that I attended the deceased from _..that I last saw the deceased alive on and that death occurred at M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE **PHYSICIAN'S** 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Sent Deer Park Cemetery Reisterst 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

M. Bevryman + Song. Reisterstown Md

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09964

CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) (31)Baltimore Fort Howard d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2000 Eastern Avenue YES NO TO Veterans Administration Hospital NAME OF 4. DATE Middle Manth Year DECEASED September EDWARD A. GRYNKIEWICZ 59 DEATH (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 60 birthday) Months Days April 1, 1899 Male White WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Proprietor Tavern Baltimore. Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vincent Grynkiewicz Sophia Bernadzikowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** Address Division Yes Clin. Records, VA Hospital, Balto. 18, Md. Ft. Howard 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA UN KNOWN IMMEDIATE CAUSE (o) 62.1 **MUE XX** BRONGHOPNEUMONIA RIDG DAY Conditions, if any, which gave rise to immediate KDEXX PULMONARY ABSCESS RECENT cause (o), stoting the under-PULMONARY HEART DISEASE RECENT lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) a. m. Nat while of work of work 21. I certify that Xoffended the deceased from August 28 , 19 59 , to September 9 , 19 59 2000 0000 0000 0000 ADDRESS (Street, city or town, stote) ACTUAL VAH, BALTO, 18, MD, FT, HOWARD DIV SIGNATURE PHYSICIAN'S NAME (Type) VAH. BALTO. 18, MD., FT. HOWARD DIV. JOHN W. CRAWFORD, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Holy Rosary Cemetery Baltimore. Maryland Burrial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 0 '59 Cirthur & Krous Wm.S. Figlowski 2007 Eastern Ave. Balto 31. Md.

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09965 CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY BATTA CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (4 outside corporate lineits, write-RURAL and give nearest town) 54 Maddle Nover 30
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS ON A FARM? YES ON O
3. NAME OF DECEASED (Type or print) Munice Louise	Hadry 4. DATE Afanty Day Yeor OF DEATH LEATH 1954
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6-19-1873 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, exert if retired) Refusel	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY A. I
13. FATHER'S NAME DEPRESUE	Hannah & Kruger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes. give wor or dates of pervice)	Eurenda M Lunder. Lame
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	orgesture heart failure Interval Between ONSET AND DEATH
422, / DUE TO Conditions, if ony, which) (b) Orteriors	levatic cardiovascular dising 10 975
gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter nature of injury in Port I ar Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of twork	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from Man	
So o " M	ADDRESS (Street, city or town, state) DATE SIGNE
PHYSICIAN'S LOUIS SEMENTER PHYSICIAN	Baltimore 20, Md
220. BURIAL, CREMATION, 226. DATE THEREOF 220, NAME OF CEMETERY REMOVAL (Specify) 9-3-1959 Warran Co	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
27. JUNERAL DIRECTOR'S SIGNATURE 4/3/1467 Easter Gue	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE SEP 1 4 '59 Coling 8 #

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09936 Reg. Dist. No.

	0996	6	CERTIFIC	ATE OF D	EATH		Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY Bal			MARYLAND	2. USUAL RESID o. STATE Md.	ENCE (Where		. COUNTY	Residence before	e admission)
	II outside corporate limi	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside Milfor		nits, write RURA		rest town)
d. NAME OF HOSPI OR INSTITUTION 3608 Lat		ive street o	oddress)	d. STREET AC		atham F	ld.	•	N A FARM? YES NO
3. NAME OF DECEASED (Type or print)	PEA		Middle T •	HART	4.	DATE OF DEATH	Month Sept	. 21	
5. SEX Female	6. COLOR OR RACE White	7. MARR	DIVORCED	B. DATE OF BIRTH Aug. 19,	1878	9. AG	4 1 . 4 1	INDER 1 YEAR	Hours Min,
10a. USUAL OCCUPATI during most of war Homemake: 13. FATHER'S NAME	rking life, even if retired	lone 10b.	KIND OF BUSINESS OR INDI		Virgin	ia		12. CITIZEN OF	WHAT COUNTRY
15. WAS DECEASED EVI (Yes, no. or unknown)	Von Kle ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	Nannie INFORMANT Mr. LeRo		naldsen	Address		
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	the under-	•		UNDE			- PRIM	A(C)	6 405
3 ARTERI	DSCLEROTI	C 1		EASE				N PART 1(0) 19	PERFORMED? YES NO NO
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in Port	l or Part II of	tem 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	While of work	Not while fo	LACE OF INJURY (Hoctory, street, office	ome, form, 2 bldg., etc.)	Of. (City or tov	rn)	(County)	(Stote)
21. I certify the alive an	hat I attended the 9-19 Stanley STANLEY	decease , 19_2	Sq., and that deat	1959, h occurred at	630 PN			on the date	w the deceased e stoted above DATE SIGNED 9-22-5
220. BURIAL, CREMATIC REMOVAL (Specify Burial	9/24/59	F	20c. NAME OF CEMETERY O	lem.		Woodlav			(State)
23. FUNERAL DIRECTOR	'S SIGNATURE	014	ADDRESS BA		24a. REC'D BY		24b. REGISTRA	R'S SIGNATURI	

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for four files. TO FUNERAL DIMETOR: Page 3 should be used as a burial-transit permit. File pages 1, 2, and 1 the State Box. Of Health, within 72 hours ofter death. or its designated agent, prior to burial, cremation, or remayal, and in any ever

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

							ual.	W131. 140.
o. COUNTY	Baltimore		MA	RYLAND	2. USUAL RESIDEN o. STATE	ICE (Where deceased li	b. COUNTY	Balto
b. CITY OR TOWN (If and give negret town) Balto(ru		TO PURAL	c. LENGTH OF STA	AY IN 16		VN (If outside corporet		and give nearest town)
d. NAME OF HOSPITA	AL OR INSTITUTION	(If not in ho	spitat, give street add	fress)	d. STREET ADDRI	ESS Shadyspring		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Margret	rst	Ann	Haw	kins lost	4. DATE OF DEATH	Month Sept	00y Year 4 19 59
female	6. COLOR OR RACE white	7. MARRI WIDOWE	D DIVORCE		6Mar 55	9. A	GE (In years IFUNDI Months	ER TYEAR IF UNDER 24 HRS
0a. USUAL OCCUPATIO during most of working	DN (Give kind of work g life, even if refired)	done 10b. I	KIND OF BUSINESS C	OR INDUST	RALL	(State or foreign country		ITIZEN OF WHAT COUNTR
3. FATHER'S NAME Thomas		Haw	kins		14. MOTHER'S MAID	-	Litz	
15. WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY N		FORMANT Alice Hawk	ins(mother	Address) same	
PART I. DEATI	nderlying DUE TO)			ull with E	extrusion o	f Brain	INTERVAL SELVACEN ONSET AND DEATH INST
PART II. OTHI		DITIONS CO						ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	TRIBUTING []					n Part I or Part II of ite		
20c. TIME OF INJUR 4:50 306. p. m.	9-4-59 19	While of wo	ork of work	st	ry, street, office bldg. reet	Balto	(rural) Ba	ounty) (State)
opinion death r	at I taak charge resulted from: I	Natural o			M.D. CHIEF MEDICA	opsy, Inspe , Homicide AL EXAMINER EDICAL EXAMINER		iry, and in m monner DATE SIGNED
- 177-1	Contain Co. Ity	To MD			DEPUTY MEDI	CAL EXAMINER		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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9	968	CERTIFICATE OF	DEAT

	03300	CERTIFIC	AIE OF DEAT	п		Reg. Dist.	No.	
PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W	here decease		on: Residence	befare admi	ssion)
RURAL ond give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		orate limits, write R	URAL ond giv	e nearest tov	vn)
	Howard	19 Days	Baltimo	re	3 V O	1-4		
OR INSTITUTION			d. STREET ADDRESS				ON	A FARM?
	ns Administratio		804 Edmon		Avenue		YES [] NO 🛛
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Man		Day	Year
(Type or print)	LOCKWOOD		HENSON	DEATH	Septembe			19 59
4. SEX	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH		9. AGE (In years Jost birthday)	Months D	YEAR IF UNE	1
Male	Colored widow		12/25/95		63 yrs.			
during most at wo	ION (Give kind of work done 10b. orking life, even if retired)						EN OF WHA	T COUNTRY
Janitor	Wa	ard Baking Co.	Cambridge		yland	U.	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN I					
	arles Henson		Harrie	t John				
[Yes, no. or unknown]	[[III yes, give war or dates of service]		INFORMANT	0	Addr			
Yes	*		in.Rec.VAH, Ba	Lto.18	,Md.Fort	Howard	l Divi	sion
	ATH [Enter only one cause per li	ne far (a), (b), and (c).]					INTERVAL B	
PARI I. DE	IMMEDIATE CAUSE (a)	JLMONARY INFAF	CTION					HOURS
4601	DUE TO					13.3		
Canditians, if								
gove rise to couse (o), stating								
lying cause lost	_ (c)							
PART II. O1	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	(a) 19. WAS	AUTOPSY ORMED?
3 DE	STRUCTIVE LESION	N T5 - T6					YES [
PART II. OT DES 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	/AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part 1 ar Par	t II of item 18.)			
20c. TIME OF INJU Haur a. m.	IRY Month, Day, Year 20d. II		PLACE OF INJURY (Hame, form		or tawn)	{Cou	anty)	(State)
Haur a.m. p.m.	19 While at war		actory, street, affice bldg., etc	c.)				(/
	VA		7 1050 . 600	- E				
attended to	hat attended the deceas	ed now withing it is	. (, 19 <u>.37_, 100.61</u>	Pha D	, 1927_		OR POBE	0.00000
	000000000000000000000000000000000000000							
ACTUAL /	arthur T. t	auch mil) TANK DATES	ADDRESS (S	treet, city or town,			DATE SIGNE
SIGNATURE		or con free by	M.D. VAH, BALITU	TO W	D. FORT	HOWARD	DIA.	9/5/59
PHYSICIAN'S NAME (Type)	ARTHUR T. FAULK,	M.D.	VAH, BALTO	18, M	D. FORT	HOWARD	DIV.	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	r county)	(Sta	ate)
Rurial	9-10-59	Bethel Cem	netery		bridge, l			
3. FUNERAL DIRECTOR	R'S SIGNATURE 1271	E ADDRESS eston S		D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN		
Randolph .	J. Collick Balt	timore Maryla		EL 9	59 a	rthur L	times	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09969

CERTIFICATE OF DEATH

					Keg. Dist	. No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	O STATE	NCE (Where deceased lived ryland	. If institution: Residence b. COUNTY Harfo	e before admission)
RURAL and give nea	outside corporate limits, wirest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TO	WN (If outside corporate lin		ve nearest town)
OR INSTITUTION	l (If not in hospitol, give si Corest Haven	Nursing Home	d. STREET ADD	25 E. Courtl	and Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First EVELY	Middle N VIRGINIA	HILL	4. DATE OF DEATH Se	Month ptember 2 3	Doy Yeor 1959 19
s. sex Female	White	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH February	lost		YEAR IF UNDER 24 HRS. Days Hours Min.
Oa. USUAL OCCUPATION during most of working Seamstr.	ig life, even if retired)	10b. KIND OF BUSINESS OR IND Self Employed				EN OF WHAT COUNTRY?
3. FATHER'S NAME	illiam Fors	ythe	14. MOTHER'S M		inia ?	
	IN U. S. ARMED FORCES? yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT	I. France 932	Address Bardswell	Md. Rd. Balto.
gove rise to im couse (o), stoting the lying couse lost. Part II. OTHE	e under- DUE TO (c)	Chronic DI		+ CA C		PERFORMED?
PART II. OTHE	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of i	njury in Port I or Port II of	item 18.)	YES NO
20c. TIME OF INJURY Hour o. m. p. m.	. W	Od. INJURY OCCURRED 20e. 1 /hile Not while work of work	PLACE OF INJURY (Ho foctory, street, office b	me, farm, 20f. (City or tov	vn) (Co	ounty) (State)
alive on	1 I attended the dec			to 9/23 7 M, fram the c ADDRESS (Street, c	causes and an the	t saw the deceased date stated above DATE SIGNED
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify) BUT 19.1 23. FUNERAL DIRECTOR'S	Sept.2 6,1	22c. NAME OF CEMETERY 959 Mt. Zion M	Meth. Cemet		City, town, or county) ain Green. 1 24b. REGISTRAR'S SIG	(Stote) Md NATURE
Easton;	Sons, Cal	onsville, 28,	md.	SEP 2 8 '59	Circhan & H	ined

wante browldies . act i 6 f of Livered STREET AND AND ADDRESS OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH read the first lead to the fir Direction like a deligation of the control of the c ton. | Series | Mar. Tayler, B. Stranger, B. Dardayell Rd. Balto. Marian Kela and Colour tiell and a second second and a fine of the second STATE OF STA and the contract the test part of the contract the contra THE RESERVE AND ASSESSED ASSESSED AND ASSESSED ASSESSED.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	0997	70	CERT	IFIC	ATE OF DEATH			Reg. Dist.	. No.		
PLACE OF DEATH O. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		d lived. If instituti b. COUNTY		before admi	ission)	
b. CITY OR TOWN RURAL and give	(If outside corporate timi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o		orate limits, write R	URAL and giv	give nearest town)		
Randallst	OWN PITAL (If not in hospital, g	ive street	oddress)		Randallsto	wn N	<u>larylænd</u>		15 0	ESIDENCE	
OR INSTITUTION	N				8615 Liberty	y Roa	.d_		ON	A FARM?	
3. NAME OF DECEASED	Fir	st	Middle	e	Last	4. DATE	Mon	ith	Day	Yeor	
(Type or print)	EMMA FLO					DEATH	Dobron				
5. SEX	6. COLOR OR RACE		IED NEVER MARR		B. DATE OF BIRTH	_,	9. AGE (In years lost birthdoy) 83 yrs.	Months D	YEAR IF UNI		
Female	White	WIDOW	- Add-	-	August 12, 18				dys Hour	Min.	
during most of wa	orking life, even if retired At Home	done 10b.	KIND OF BUSINESS	OR INDU	Ohio	or foreign c	country)	12. CITIZ	EN OF WHA	T COUNTRY	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
	Benjamin J	. Ho	bbs		Catherin	ne Wa	arthon				
15. WAS DECEASED EN	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17.	INFORMANT		Add	ress			
No				N	irs. Albert M	igan	8615 Lib	erty R	oad		
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (o), (b), and (c)						INTERVAL E	ETWEEN D DEATH	
420.1 Conditions, if gove rise to	immediate		Caronar	y .	artery occ	Persi	ors		5	nets	
lying couse last		/	Interior -	se	lesses			3			
5	THER SIGNIFICANT CON		Obesit	57	T NOT RELATED TO THE TERMIN			EN IN PART 1	19. WAS PERF YES	ORMED?	
G (IF EITHER, NOTIF	VAS UNDERLYING GO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CURRE	ED. (Enter noture of injury in P	art I or Par	t II of item 18.)			148	
20c. TIME OF INJU Hour a. m p. m	. 10	20d. IN While at work	Not while of work	20e. Pl	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City	or town)	(Con	unty)	(Stote)	
21. I certify	that I attended the		-		, 1950, ta 4	ept	10, 195	that I la	st saw the	decease	
alive an	Sept 10	_, 19	Z, and that	t death	h accurred at 27						
ACTUAL SIGNATURE	Horris	1)	alman	7	MD Media		treet, city or town,	Bilos	nill	ATE SIGNE	
PHYSICIAN'S	10012	D,	ALMAU	>					9/19	1/5-1	
NAME (Type)	GEORGE '	RAM	APURAN		Pikesville	Medi	ical Cent	er Pil	cesvil!	le, Mo	
220. BURIAL, CREMATI REMOVAL (Specific	v)		22c. NAME OF CEM				TION (City, town, o	.,	(Sto	ate)	
Burial			Montevis	ta C		John	ISON City	, Ten	n.	(A)	
	RIS HOWATURE OUT		- 1)	1		SEP 1 5					
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CERTIFICATE OF DEATH

Rea. Dist. No.

ALTIMORE				AL RESIDENCE (W	here deceased	d lived. If instit	ution: Residen	1.0	d-today.
IC - Art A		MARYLA	ND d. SI	MARYI MARYI	AND	b. COUN	Talb	ot	amission
If outside corporate limi earest town) D	its, write c.	120 Days.		TY OR TOWN (IF	outside corpo				town)
			d. S	TREET ADDRESS	Har				S RESTDENCE ON A FARM? ES NO
		Middle	E	Lost	4. DATE OF DEATH			Day	Year 19 59
				A STATE OF THE PARTY OF		lost birthday) Manths		-
ON (Give kind of wark	dane 10b. KIN			BIRTHPLACE (Stote			12. CITI		
		1-17							
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mmediate the under-	DITIONS CON	ATRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERM	N OF I	IVER	GIVEN IN PAR	P	NAS AUTOPS ERFORMED?
MEDICAL EXAMINER)	ar 20d. INJU While _	RY OCCURRED 2	De. PLACE OF II	NJURY (Home, far	m, 20f. (City		(0	County)	(State
			eath accurr	ed o11:35]	M, fram	the causes of	and an the	date st	
JOHN D. TAL	BERT	•	•	VAH	Fort I	loward	Maryla	und	9-13-5
22b. DATE THEREC	1	AXSVILLE	ERY OR CREMA			ION (City, town	en, or county)	VANIA	(Stote)
	ON (Give kind of wark rking life, even if retired life, even if re	TAL (If not in hospital, give street add DMINISTRATION HOS First FRANK 6. COLOR OR RACE WHITE ON (Give kind of wark dane) ON (Give kind of	DMINISTRATION HOSPITAL First Middle FRANK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED ON (Give kind of wark dane or king life, even if retired) NIDOWED 100 NEUSINESS OR retired 100 NEUSINESS OR	DMINISTRATION HOSPITAL First Middle FRANK - H 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF MITTE DIVORCED DIVORCE	DMINISTRATION HOSPITAL First Middle Last FRANK HOLLER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED JUNE 3, 1892 ON (Give kind of wark dane lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote PENNSTLV) 14. MOTHER'S MAIDEN ELLEN SW ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ("INFORMANT CLIN REC VAH B. ATH [Enter only one cause per line for (o), (b), and (c).] ATH (Enter only one cause per line for (o), (b), and (c).] ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG, RIGHT DUE TO 19. CAUSE OF DEATH MEDICAL EXAMINER) AS UNDERVING (c) WHILE NOT WHILE NOT RELATED TO THE TERM B PERICARDITIS: CHRONIC PASSIVE CONCESTICAL SECURITY IN MEDICAL EXAMINER) RY Month, Doy, Year 20d. INJURY OCCURRED (Enter noture of injury in Moth while of work control of w	TAL (If not in hospital, give street address) DMINISTRATION HOSPITAL First	TAL (If not in hospital, give street address) DMINISTRATION HOSPITAL First	DMINISTRATION HOSPITAL First	DMINISTRATION HOSPITAL A. DATE

be filed with requires that the death certificate be executed within 24 haurs after death. Page 4 neral directar, the hospital ar attending physician. within 72 haurs ofter death. the registrar priar ta burial, crematian, ar remaval, page 3 shauld be TO HOSPITAL OR TO FUNERAL DIR

VS A15 (4) 1SM 9/58 3.2

SHIP TO: BAIRD FUNERAL HOME, GREENVILLE, PENNA.

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		JATINSON 1	OTTARRESONDED EA SKAS	WW.
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	STEAMS DELIE		STATES AND ASSESSMENT	RIAS F
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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and the same of th			AMBYA A

gave rise to immediate couse (o), stating the underlying couse last. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Haur a.m.

1. PLACE OF DEATH

NAME OF

DECEASED (Type or print)

13. FATHER'S NAME

5. SEX

ACTUAL

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

22d. LOCATION (City, town, ar caunty)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAR DAREP 8 '59

Baltimore 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/58

may be retained TO FUNERAL DIE page 3 shauld

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director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed Baltimore MARYLAND Maryland ofter death. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Dundalk 22 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 131 South East Ave. 3001 Dunglow Road NAME OF Middle Lost DECEASED (Type or print) EDNA ESTELLE JAMISON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Oct.31st.1882 WIDOWED T DIVORCED | female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) during most of working life, even if retired) Housewife Baltimore, Maryland pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ida Ortlip Julius Wood hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. W.F. Hoover. Jr. . 72 no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carun on of colon Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 00 WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while ot work of work 21. I certify that I attended the deceased fram OR: ACTUAL SIGNATURE 2900 Dunran Road 3 shaule PHYSICIAN'S NAME (Type) B.W. Sollod. MB. 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burist Mount 0 23. FUNERAL DIRECTOR'S SIGNATURE

. IS RESIDENCE ON A FARM? YES NO M 23, 1959 September IF UNDER I YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? USA

Address Same as

Reg. Dist. No.

b. COUNTY

9. AGE (In years lost birthdoy)

4. DATE

DEATH

ONSET AND DEATH

INTERVAL BETWEEN

PERFORMED?

YES NO

(County)

(Stote)

-22- 1959, that I last saw the deceased and that death occurred at 12:20% from the causes and on the date stated above.

ADDRESS (Street, city or town, stote) DATE SIGNED

Baltimore 22. Maryland 22d. LOCATION (City, lown, or county)

20f. (City or town)

Baltimore

More Maryland
246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

DATE SEP 2 8 '59

Dundalk

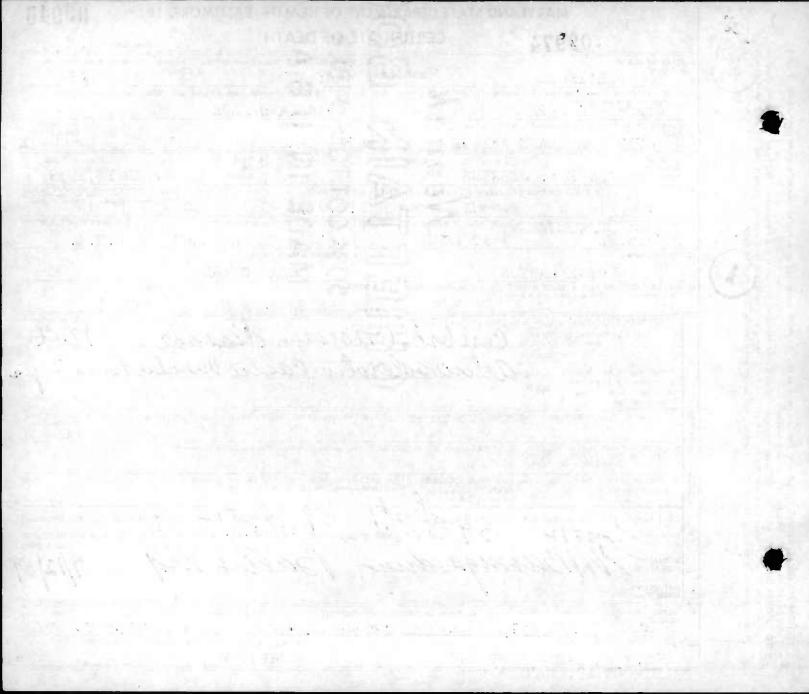
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Pla	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	09974		CERTIFIC	ATE OF	DEATH			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY BAL	TIMORE		MARYLAND		SIDENCE (When	re deceased	lived. If instituti b. COUNTY			re odmiss 10RE	
b. CITY OR TOWN (If o	utside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If out	side corpor	ote limits, write R	URAL ond	give nec	arest town	1)
RURAL ond give neor GRACELA	ND PARK			X GRA	CELAND	PAF	RK.				
d. NAME OF HOSPITAL	(If not in haspital, g	ive street	address)	d. STREET	ADDRESS					e. IS RES	TARM?
	RACELANI	AVI	ENUE	6713	GRACEL	AND	AVENU	Ξ			NO [
3. NAME OF DECEASED (Type or print)	ICE L. J		Middle INS		Last	4. DATE OF DEATH	SEPTE		12		Year
5. SEX	S. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BI	RTH		9. AGE (In years lost birthdoy)	IF UNDER			
F	W	WIDOW	ED DIVORCED	FEB. 2	1,1879		80 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTH	IPLACE (State of	r foreign co	untry)	12.CIT	IZEN OF	WHATC	OUNTRY
HOUSEWIFE			AT HOME	BAL	TIMORE	MAF	RYLAND	I	J.S.	Α.	
13. FATHER'S NAME				14. MOTHER	S'S MAIDEN NA	ME					100
GEO	RGE LAWI	ON		-2-5	RHODA	CHA	RD				
15. WAS DECEASED EVER I	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT		0	Add	ress			
(Yes, no, or unknown) (If	yes, give wor or dates of s	ervice)	YES	ARS EUR	RITH HA	RMON	(SAME	7		
gove rise to immodule to couse (o), stating the lying couse lost.	under- DUE TO)	CONTRIBUTING TO DEATH BU	IT NOT PELATED	TO THE TERMIN	AL DISEASE	CONDITION GIV	/FN IN PAG	PT 1(a)	9 WAS	AUTOPS
CATIC								LIN IIN I A	(1 1(0)	PERFO	RMED?
	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURI	RED. (Enter noture	of injury in Pa	irt I or Part	II of item 1B.)				
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While		PLACE OF INJURY factory, street, aff	Y (Home, farm, fice bldg., etc.)	20f. (City	or town)	(County)		(Stote
21. I certify that alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	1 attended the pt 12	decease , 19	ed from Sept 1-1-, and that dear	th accurred c	9. to	Carrier Const	12, 1957 the causes ar reet, sits or town,	d an th		stated	
220. BURIAL, CREMATION, REMOVAL (Specify)	01.1)F	22c. NAME OF CEMETERY MAGOTHY C			2d. LOCAT	ION (City, town,	or county)	AL	(Stot	
23. FUNERAL DIRECTOR'S			ADDRESS		24a. REC'D	BY REGIST	******	STRAR'S SI	GNATU	RE	
HENRY SA	ANDER & S	SONS	INC		DATE SEF		0	thun &	the		



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09947

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY BALLIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and time nearest town)	TO HIMADA A
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	00 1 1 1 ON A FARM?
~ HIRONdelle Club	3316 Leigh ION HUR VES NO ET
3. NAME OF DECEASED (Type or print) EdgAR D, Ja	Shuson A. DATE OF Sept. 12 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	
WIDOWED DIVORCED	409, 25, 1899 60 yrs. Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HRMOND JOHNSON	LEANING CELEMAN
	NFORMANT Address 2 7 1/2
(16, po. or unknown) Iff yes, give wer or date, of service) 216-05-4696	HNN D. Johnson-Leighton Ave
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	me melusion / An
420./ DUE TO	
Canditions, if any, which) (b)	
gave rise to immediate cause	
(o), stating the underlying couse tost.	
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
NATION NATIONAL PROPERTY OF THE PROPERTY OF TH	PERFORMED?
206. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Port II of item 18.)
E PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Foot of work of twork of twork of twork of twork of two	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Slale) pry, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🕞, Inquiry 🔲, and find that
death resulted fram: Natural causes , Accident , Sui	cide , Hamicide , Undetermined cause .
1/2/ 2-12	
ACTUAL VIN ALLOSTING FRANKS	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CO CANCES (SACTURE)	_M.D. ASSISTANT MEDICAL EXAMINER O
EXAMINER'S NAME (Type) DAY/ES FO DOWNE,	DEPUTY MEDICAL EXAMINER 1/13/59
220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, Jown, or county) (Signal
BURIAL Y 116159 DATIMORE	NATIONAL BALTIMORE ING
23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS Z VA	246. REGISTRAR'S SIGNATURE
EdgAR LILVNCh BAHIA	10RC DATE REP 15 58 Carthur & Three

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. Prince George e. IS RESIDENCE ON A FARM? YES NO TO Month Year 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? (County) (Stote) hat I last saw the deceased

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

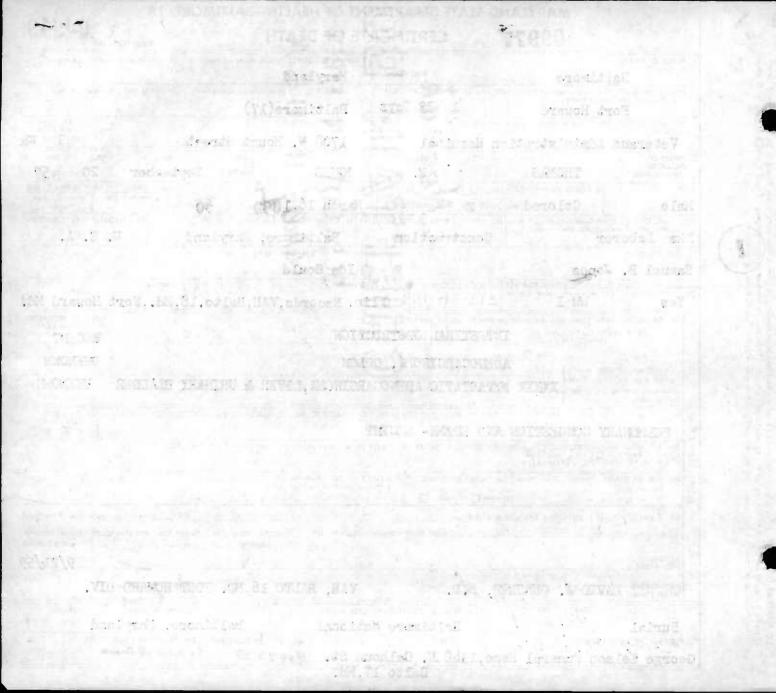
09977 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Be	altimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryland	Where deceased lived. If institut b. COUNTY		efare admission)
RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16		f autside carporate limits, write l	RURAL and give	nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, give street		d. STREET ADDRESS	Mount Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First THOMAS	Middle E	JONES Lost	4. DATE Mo	-	Day Year 20 1959
s. sex Male	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9. AGE (In years	Months Day	AR IF UNDER 24 HRS.
10a. USUAL OCCUPAT during most of we Lka Labor	TION (Give kind of work dane 10b orking life, even if retired)	. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Sta			S. A.
13. FATHER'S NAME Samuel B.	Jones		Ida Gould	INAME		
1S. WAS DECEASED ET (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? 16	1 . 1 1 1 1 1	lin. Records,	VAH, Balto.18, M	d.,Fort	Howard Md.
PART I. DI 153.8 Conditions, if gave rise to cause (a), statin lying cause las	any, which immediate g the under-	TESTINAL OBSTRUMA, OBSTRUMA, OBSTATIC ADENO	COLON CARCINOMA,LIV	VER & URINARY B	LADDER	NTERVAL BETWEEN INSET AND DEATH RECENT UNKNOWN UNKNOWN
FULMONA	RY CONGESTION AT			MINAL DISEASE CONDITION GI	VEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	IG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Year 20d. White		ED. (Enter nature of injury i LACE OF INJURY (Hame, fa actory, street, affice bldg., e	irm, 20f. (City or town)	(Coun	ty) (State)
21. I certify	that I attended the decea, 19	sed fram	h occurred at		nd on the do	DATE SIGNED 9/21/59
220. 8URIAL, CREMAT REMOVAL (Specif Burial	7 9-25-59	22c. NAME OF CEMETERY C	National	22d. LOCATION (City, town, Baltimore,		(State)
George Kel	son Funeral Home	ADDRESS a.1318 N. Calh			ISTRAR'S SIGNA	

Balto 17, Md.

VS A15 (4) 1SM 9/S8



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funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physicion.

TO FUNERAL D OR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours piver death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09978 **CERTIFICATE OF DEATH** Reg. Dist. No. (1995()

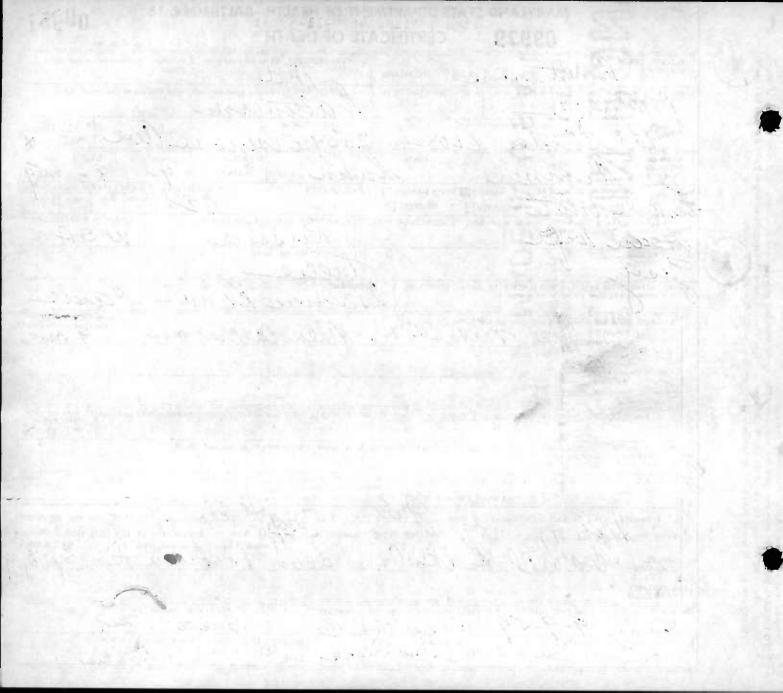
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When a. STATE Maryland	e deceased lived. If institut b. COUNTY	Baltimore Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Baltimore County	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 6408 Sherwood Road	oddress)	d. street Address 6408 Sherwo	od Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First (Type or print) Lillian M. Kah	Middle	Last	OF Sept.	25, 195 9 Yeor
5. SEX 6. COLOR OR RACE 7. MARK		8. DATE OF BIRTH 12/16/1892	9. AGE (In years lost birthday) 66 yrs.	Months Doys Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewile	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John T. Gerlach		Agnes G. R	-	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no. or unknown) [If yes, give war or dates of service]		nformant rthur G. Kahl,		dress od Road
PART f. DEATH (Enter only one cause per li PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (a), (b), and (c).] Bute Coronary C	cclusion	4 hours.	INTERVAL BETWEEN ONSET AND DEATH 4 hours
gave rise to immediate couse (a), stating the <u>under-lying cause lost.</u> Ct	CONTRIBUTING TO DEATH BUT		al disease condition Gi	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt 1 or Part II of item 18.)	
Hour a.m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceas alive an 9/25-59 19 ACTUAL SIGNATURE	ed from 5-6-57, and that death	accurred at 4-15 A	M, from the causes of DRESS (Street, city or town, Paul Ste	,that I last saw the deceased and an the date stated above
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		e 2 Maryland	or county) (State)
REMOVAL (Specify) 9/28/59	Moreland Pa	rk	Balto. Count	y, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Wm.Cook-Towson, Inc., 105	O York Rd., Tow	son 4, Md 240. REC'D		ISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 Tem 7 Film 248 9-11-59 et
CERTIFICATE OF DEATH

	00013		0,	Reg. D	st. No.
o. COL	Lillimore	> MARYLAND	o. STATE Med	ceased lived. If institution: Resider b. COUNTY	/
BOR	MA OF HOSPITAL (If pot in haspital, give street address ME OF HOSPITAL (If pot in haspital, give street address	NGTH OF STAY IN 16	d. STREET ADDRESS	corporate limits, write RURAL and	1_4
OR	133 Slade C	we !	2509 Elsi	nore au	e. IS RESIDENCE ON A FARM? YES NO S
	or print) Mammue	Middle M	elie de de	EATH 9-	Si - 1945
ten	uale Colite WIDOWED [DIVORCED [DATE OF 8IRTH	(yrs. Months	Days Hours Min.
. 4	AL OCCUPATION (Give kind of work done 10b. KIND mast af working life, even of refired)	OF BUSINESS OR INDUST	RY 11. BIRTHBACE (Stole or for	eign country) 12.CIT	USA
7,	ER'S NAME		14. MOTHER'S MAIDEN NAME		
15. WAS I	DECEAS DEVER IN U. S. ARMED FORCES? 16. SOCIAl unknown (If yes, give wor or dates of service)	AL SECURITY NO.	actore A	Lahre - 6	tame
18. 0	CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(o), (b), and (c).]	Adenocar	clroma	INTERVAL BETWEEN ONSEL AND DEATH
gav	nditions, if ony, which ve rise to immediate se (a), stating the <u>undergroups</u> (c) (c)				
CERTIFICATION OB C.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	isease condition given in Pai	PERFORMED? YES NO
	ACCIDENT WAS UNDERLYING 20b. DESCRIBE CONTRIBUTING CAUSE OF DEATH (THER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	(Enter noture of injury in Part I	or Port II of item 18.)	
20c. T		OCCURRED 20e. PLACE factor work	E OF INJURY (Home, form, 20) try, street, affice bldg., etc.)	. (City or town)	County) (Stot
aliv	I certify that I attended the deceased from the analysis of the state	am July 2, and that death of		ram the causes and an the	e date stated above
PHYS	SICIAN'S SE (Type)				
REMO	IAL, CREMATION, 22b. DATE THEREOF 22c. OVAL (Specify) 9-9-19 W	NAME OF CEMETERY OR	CREMATORY 22d.	Balto	(State)
	RAL DIRECTOR'S SIGNATURE	ADDRESS 00	24g. REC'D 8Y	9 '59 24b. REGISTRAR'S SI	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09981 CERTIFICATE OF DEATH

	keg. Di	17. 140.
1 Jakanore	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE b. COUNTY	ce before odmission)
b. CITY OR TOWN (H-outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. CITY OF TOWN (If outside corporate limits, write RUTAL and of	give nearest town)
OR INSTITUTION	803 fifth ade.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Leaded LL	1. May on DEATH LEST -	28 Year 28 1959
5-56X 6. COLOR OR RACE 3 MARRIED NEVER MARR	CED July 27, 1892 6 yrs. Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	bow Differrale M.	IZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN WAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes, give wor or dotes of service)	10. 12 INFORMANT WE WELL Marshall 803 J	tille Tonda
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) Chrowice	Mronchitis	ner year
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI 200. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MASORICAL EXAMINER)	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTY OF THE PROPERTY OF THE	1 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	4 **
20c. TIME OF INJURY Month, Day, Year Hour a. m. While of work of work of work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg, etc.)	Qualy) (Stote)
21. I certify that I ottended the deceased from of olive on 19 2 , and the	of death occurred at 7 P/M, from the causes and on the	last sow the deceosed
ACTUAL SIGNATURE of Rendels	ADDRESS (Street, city or town, state) M.D. 2703 HOLLI LESTICES (Rey)	12 9/28/19
PHYSICIAN'S Florian P Nadols,	hi Baltimere 47 19	ud!
220. BUMAL CREMATION, 22b. DATE THEREOF 22c NAME OF CENTRAL CONTROL CONTROL OF CENTRAL CONTROL CONTROL OF CENTRAL CONTROL CON	METERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
78. PUNERAL GIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR SIG	

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15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Balto. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rockdale 15 yrs. Rockdale d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 8004 Douglas Avenue 8004 中·由中 NO Douglas Avenue 3. NAME OF Middle 4. DATE Month DECEASED DEATH Wed. (Type or print) Andrew C. Kirk 19 59 5 SEX 6. COLOR OR RACE 7. MARRIED 7) 中央中海南南南南南南南 B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WINDOWS AND AND WORKS AND YES. 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Carptenter Bldg. Hebbville. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew C. Kirk Amelia Euler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Ada M. Kirk 8004 Douglas Avenue, Balto 7 WAWAI 18. CAUSE OF DEATH [Enter only one couse peguline for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) gove rise to immediate DUE TO couse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that I attended the deceased from APRIL / 1959, to SEPT 23, 1959, that I last saw the deceased and that death accurred at S.A. M, from the causes and an the date stated above. alive an. SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Woodlawn Cemetery 26/59 Burial Balta

8728 Liberty Rd. Randallstown, Md.

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAR DATE SEP 2 4 '59

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24b. REGISTRAR'S SIGNATURE

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69983 CERTIFICATE OF DEATH

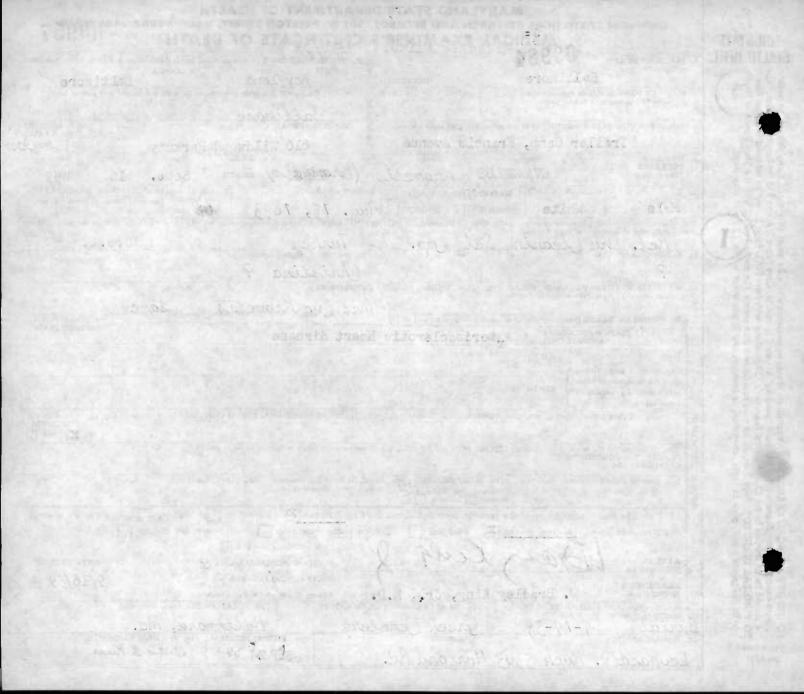
(19955) Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltim	nore		MARYL	1	2. USUAL RESIDE o. STATE Marylai		ere deceased	b. COUN			dmission)
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TO		utside corpor				town)
	e County		16 months	5	Baltin	nore	City		3 VO	1-4	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street			d. STREET ADI				V C2	e. 15	RESIDENCE
		,301	Chesapeake	Av.	Greenv	way A	pts.				ES NO
3. NAME OF DECEASED (Type or print)	Samuel W	rst Kin	Middle		Loss		4. DATE OF DEATH		ept.	Doy	Year 1959
5. SEX			RIED NEVER MARRIED	8.	DATE OF BIRTH		1	9. AGE (In yeo	1 IF UNDE	R 1 YEAR IF	UNDER 24 HRS.
M	w	WIDOW			Dec. 28.	1871	1	87 y) Months	Doys He	ours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OR						12. CI	TIZEN OF W	VHAT COUNTRY?
during most at wo	rking life, even if retired)	Manufacturi	ino	Marr	vland				U.S.A	
13. FATHER'S NAME			Eculation out 3	<u> </u>	14. MOTHER'S M					UaDaB	
Samuel	Kirk			137	TO TO	izah	eth As	hton			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	LIZAO	COII AC		ddress 1	Wash.,	D.C.
(Yes, no. or unknown)	(If yes, give war or dates of	iervice)		Mrs.	Homer F	Phill	ing 2	700 02			
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	for (o), (b), and (c).]		1 /	7	17	1	.//		AL BETWEEN
	ATH WAS CAUSED BY:	11	leadentous	111	12 (1	adi.	VANA	wood .	Viase	ONSET	AND DEATH
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Conditions, if		1									
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_			CONTRIBUTING TO DEAT	TH RUT N	OT RELATED TO T	HE TERMIN	NAI DISEASE	CONDITION	SIVENI INI DAI	PT 1(a) 10 V	VAS ALITOPSY
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200. ACCIDENT W	/AS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of i	niury in P	art 1 or Part	II of item 18.)		16.	S NO P
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)										
20c. TIME OF INJU		ar 20d. I While of wor	Not while	focto	E OF INJURY (Ho ory, street, affice b	ome, form, oldg., etc.	20f. (City	or town)	((County)	(Stote)
	hat I attended the	deceas	and from	1 2	1914	to l	all.	2/ 100	9 44 4 1	last saw	the deceased
alive an	111	10	19 apalhat	do all		20	9	,	/		
dive dil		'		Jean C	occorred 91	4		/ /	m. state)	ine date s	stated above.
ACTUAL	Physille	. (Hoh		680	15	Max	111	,,	9	122/5
SIGNATURE	franciae		- 0	M.	.0.	1	jour		1		-1,1
PHYSICIAN'S NAME (Type)	AURE	ref	E Citos	I	- B	elle	men	18 /	2	1	ng
22a. BURIAL, CREMATI REMOVAL (Specify		OF .	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCATI	ON (City, town	, or county)		(Stole)
Burial	9/23/59		Greenmoun	t			Balt	imore,			
23. FUNERAL DIRECTO			ADDRESS				BY REGISTR		GISTRAR'S SI	IGNATURE	
Wm.Cook,]	Inc., 1217 S	St. P	aul St., Ba	lto.	2. Md. C	PAREP	23'59	· an	Thun St 9	Kines	

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MARTLAND STATE DEPARTMENT OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission) a. COUNTY Page h. COUNTY Baltimore Maryland MARYLAND Bal timore b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 for. write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE be retained for h the State Boar ON A FARM? 2, and 3 to the funera Trailer Camp, Francis Avenue 810 Wildwood P YES NO XX death. NAME OF Middla DECEASED **EVANGELOS** Kromide (Type or print) after Sept. 16 1959 with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH may last birthday) Months Male Whi te WIDOWED DIVORCED NCAL EXAMINED: This certificate should be executed within 24 hours after 10 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 91. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? "pending" in pencil in Item 18. Give Pages 1, 2 xaminer's Office along with form PM3. Page used as a burial-transit permit. File pages 1 and in any event within 72 dona during most of working life, even if retirad) U.S.A. Ket. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or datas of service) Eva Krometis same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: teriosclerotic heart disease IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immediate causa forwarded to the Chief Medical Examiner's L DIRECTOR: Page 3 should be used as a DUE TO (a), stating the undarlying cause last. cremation, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate, writing the word YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Whila Hour a.m. at work at work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my opinion Suicide death resulted from: Natural causes X Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 9/16/59 DEPUTY EXAMINER'S W. Bradley King. NAME (Type) Jr., M.D. Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 Burial 23. FUNERAL DIRECTOR 24a. REC'O BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Cothur & Kraus eonard J. Ruck 5305 Hartord 5M 7/59

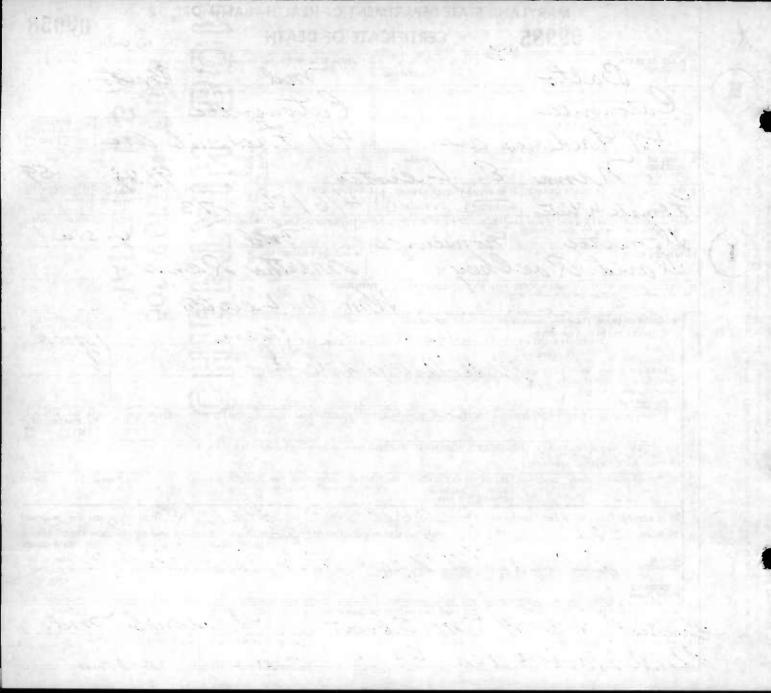
MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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		Bo	CER	TIFICA	TE OF DEATH		Reg. Dist.		959
1.	o. COUNTY Bal	timore	M	ARYLAND	2. USUAL RESIDENCE (Whe	1 00	LINITY	before odmiss	
	b. CITY OR TOWN (RURAL opd give n Catons	If outside corporate limits, earest town)	write c. LENGTH OF S		c. CITY OR TOWN (IF ou		rrite RURAL and giv	e nearest lown)
	d. NAME OF HOSPI OF INSTITUTION Spring (TAL (If not in hospital, giver State).	e street oddress) Hospital		d. street ADDRESS 118 South H	anen St.			IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	First Willi		ddle	Leonard	4. DATE OF DEATH	Month September		Yeor 1959
	male		VIDOWED DIVO	KCED []	April 12,1888	9. AGE (In joy) birth	years IF UNDER 11 day) Months Do	YEAR IF UNDE	R 24 HRS. Min.
100	during most of wor	ON (Give kind of work do king life, even if retired) ER	ne 10b. KIND OF BUSINE	S OR INDUS	TRY 11. BIRTHPLACE (Stole o	r foreign country)		S. A	
13.	James Le	onard			Tillie Yo				
		R IN U. S. ARMED FORCE (If yes, give wor or dates of serv			ecords; Spring	Grove Stat	Address Se Hospita	al	
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e per line for (o), (b), and Cerelina	(c).]	arter se	arcidu	t CVD	INTERVAL BE ONSET AND 12	
	gove rise to i couse (o), stating lying couse lost.							nune	()
CATION	PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	N GIVEN IN PART 1	PERFO	AUTOPSY RMED?
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW INJUR	YOCCURRED	. (Enter nature of injury in Pa	ort 1 or Port II of item 10	3.)		
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year 19	20d. INJURY OCCURRED While Not while of work of work	20e. PLA faci	CE OF INJURY (Home, farm, fory, street, office bldg., etc.)	20f. (City or town)	(Cou	inly)	(State)
	21. I certify the olive on Sep		leceased from Aug , 1959, and the		occurred of 1.20 &	tember 5, 19 M, from the cous	es ond on the	date state	deceose d obove
	ACTUAL SIGNATURE	entrudo]	Hischma	Jun A	Spring Gre			9.5	18
	PHYSICIAN'S 6	ERTRUDE	7. FLEISCH	MANN	/Catonsvi	lle 28. Mar	vland		

23. FUNERAL DIRECTOR'S SIGNATURE Eook

220. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

22b.

22c. NAME OF CEMETERY OR ADDRESS

22d. LOCATION (Cia

24b. REGISTRAR'S SIGNATURE

(Stote)

240. REC'D BY REGISTRAR DATSEP 9 '59

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n, or county)

VS A15 (4) 15M 9/55

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TO HOSPITAL C (ENDING PHYSICIAN: The law requires that the death certificate be executed may be retain, the haspital or attending physician.

TO FUNERAL DI, OR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should a stocked for use as the burial-transit permit. Then please remove carbon appears I and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after feath.

Jeath: Page 4

funeral director, ald be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

				Keg. Dist.	, NO.
1. PLACE OF DEATH Balto.	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MAR	ere deceased lived. If	institution: Residence	before admission) Hrundo
RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY ONTOWN (IF o	utside carporate limits, PO//S	write RURAL and give	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION ARMACOST RURSING HOM		d. STREET ADDRESS	anklin S	4.	e. ts residence on a farm? yes \(\text{NO} \)
3. NAME OF DECEASED (Type or print) ANNA First ANNA	Middle W. A	1ARVELL	4. DATE OF DEATH	Month -PT	Day Year 20 1959
FEMALE WHITE WIDOWED	DIVORCED	B. DATE OF BIRTH AU9. 153/8	9. AGE (In last birt	years IF UNDER 1 hday) Manths D	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, eyen if retired) Ou	of Business OR INDUS	- Tenngy	/vania	- 12. CITIZ	S A COUNTRY
13. FATHER'S NAME	P	14. MOTHER'S MAIDEN N	MIP!	res	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI. (Yes. no. or prinnown) (If yes. give were or dotes of service)	al security NO. 17. II	ce Marvell	Dower Far	ene Rewa	bottom Pe
1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a), (b), and (c).]	VY CE	rolus,	071	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Rente	A Visa	andie	0-02060	10 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	ON GIVEN IN PART I	I(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	D. (Enter nature of injury in P	art I ar Part II of item	18.)	
Haur a. n. While	Y OCCURRED 20e. PU fac at wark	CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(Co	unty) (State)
21. I certify that I attended the deceased fralive on 19 19 19 19 19 19 19 19 19 19 19 19 19	and that death	4	M, from the cou	uses and an the	st saw the decease date stated above
PHYSICIAN'S HAME (Type) (Ham Y/os F	O'Don	14/	lo wise	n-14/1	70
SEPT 24,1959 U		CADEMY	ANNA PO	town, ar county)	YD. (State)
23. FUNERAL DIRECTOR'S SIGNATURE.	AULICA POL	S MA DAYS SE		REGISTRAR'S SIGN	f as

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			LEAD
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			Total Control of the
		CONTRACTOR AND	The Application of the Application
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			Shirton
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MARYLAND STATE DEPARTMENT OF STATE CHARVEAN

VS A1S (4) ISM 9/SS

MARYL	AND	STATE DEPAR	TME	NT OF HE	ALTH	-BALTI	MORE, 1	8	0000	
09	988	CERTIF	ICA	TE OF DE	ATH	1		Reg. Dist. N	03961	
1. PLACE OF DEATH o. COUNTY Baltimore		MARYLA		2. USUAL RESIDER			red. If institution b. COUNTY		ore admission)	
b. CITY OR TOWN (If outside corporate limits	ita	c. LENGTH OF STAY IN			ryla		12 24 44 69	Balto.		_
RURAL and give nearest town) Catonsville	, WIII	2yr4mth8dys		par pro-		ville	limits, write KL	JRAL ond give n	earest town)	
d. NAME OF HOSPITAL (If not in hospital, gi- or institution SPRING GROVE STATE		oddress) SPITAL		d. STREET ADD		en Ride	re Rd.		e. IS RESIDENCE ON A FARM? YES NO]
3. NAME OF DECEASED (Type or print) Bernar		Middle Cathe	rine	loss Maste	rs	4. DATE OF DEATH	Mont Se	pt.	14 19 (9
The state of the s		HED NEVER MARRIED	-	DATE OF BIRTH		9.	AGE (In years	F UNDER 1 YEA	R IF UNDER 24 HR	5
female white	WIDOWI	DIVORCED		Oct. 5,	1874	1 8	dst birthdoy)	Months Doys	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10USEWLIE	one 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLAC		or foreign coun	lry)		S. A.	RY?
13. FATHER'S NAME				14. MOTHER'S M	AIDEN N	AME				
Theodore Braun				E	liza	beth Sm	mith			
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, po. or unknown) (If yes, give wor or dates of ser UKNOWN)		social security no. Unknown		formant cords: S	PR IN	G GROV	Addr E STAT		ITAL	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-</u> lying couse lost.	Se	1 .		dama	-	2	notor	e stoto	several a	cu
/ (0)	OITIONS (CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	1E TERMII	NAL DISEASE C	ONDITION GIVI	EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO	Y Y
OR CONTRIBUTING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of it	ijury in P	Port I or Port If	of item 18.)			7
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p. m.	While	_ Not while _		CE OF INJURY (Ho ory, street, office b			town)	(County	r) (Stot	e)
21. I certify that I attended the alive an SEPT 13 ACTUAL SIGNATURE INTEGERS PHYSICIAN'S ANTHONY NAME (Type)		2 and that d		SPRI	NG	AM, from the ADDRESS (Street GROVE		nd an the d stote) HOSPITA	ote stated abo	ove.
220. BURIAL, CREMATION, 22b. DATE THEREOF BUTTAL	6/59	Holy Cro					N (City, town, o	r county)	(Stote)	No. 100 -
	ect	orsADDRESS				BY REGISTRA		TRAR'S SIGNAT		

THE RESERVE

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THE RESERVE OF THE PROPERTY OF

SSOCO TION NO. 1 TOOK

VS A15 (4) 15M 10/57

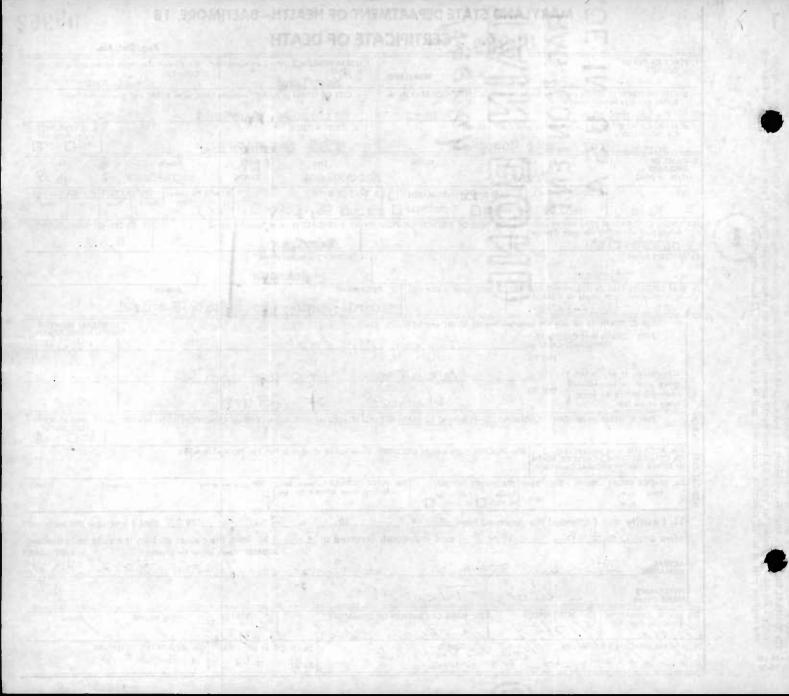
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09090

CERTIFICATE OF DEATH

09962

	- 0	000						Keg. Dist.	No.
1. PLACE OF DEA	тн			2. USU	AL RESIDENCE (Wh	ere deceased	lived. If institution	n: Residence I	before admission)
	Baltimore		MARYLAND	0. 31	Maryland		b. COUNTY	Balti	imore V
b. CITY OR TO	NN (If outside corporate limitive nearest town)	ts, write	c. LENGTH OF STAY IN 16	c. Ci	TY OR TOWN (If o	utside corpor	ote limits, write RU		
Caton	sville		17 days	F	altimore	Marv	land	3 V 1	01-4
d. NAME OF H	OSPITAL (If not in hospital, g	ive street	address)		TREET ADDRESS				e. IS RESIDENC
Sprin	Contract Clark				2530 Qua	antico	St.		ON A FARM
3. NAME OF DECEASED	Fire	st	Middle		Lost	4. DATE	Month		Day Yeor
(Type or print)	Fra	nk		Merer	bloom	DEATH	Septe	ember	6 19 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED TO NEVER MARRIED	B. DATE (1			EAR IF UNDER 24 H
Male	White	WIDOWI		March	28, 1890	5	63 yrs.	Months Da	eys Hours Mi
10a. USUAL OCCL	PATION (Give kind of work of working life, even if retired)	done 10b.	KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Stote	or fareign co	untry)	12. CITIZE	N OF WHAT COUN
optome		137			Maryland	d		U	.S.A.
13. FATHER'S NAM	E			14. MC	THER'S MAIDEN N	AME			
	unknown				unkno	own			
15. WAS DECEASE	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMAL	4T		Addre	155	
yes	1917-17 mo.		Re	cords	Spring (Grove	State Hos	spital	
18. CAUSE O	F DEATH [Enter only one co	use per li						11	INTERVAL BETWEEN
	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		Alu son	041	redia			C	ONSET AND DEATH
603	X DUE TO	/		1					1100
Conditions	if ony, which) (b)		Acut		1100	in the	haitie		17400
gove rise	to immediate					1	117773		11
lying couse	ning in under	-	Urino	ry	Stri	ctyn	2		Year 3
5	OTHER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU					N IN PART 1(c	o) 19. WAS AUTOP PERFORMED? YES NO
OR CONTRIBL	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		CANDE FIGURE AND ALL OCCURR	co. Jemer I	order or anjory in a	on ron ron	ii or iiem io.,		
3 20c. TIME OF	NJURY Month, Day, Yea	r 20d. It	VJURY OCCURRED 20e. P	LACE OF IN	UURY (Home, form,	20f. (City e	or town)	(Coun	nty) (Sto
20c, TIME OF I	. m. 19	White at work		actory, stree	t, office bldg., etc.)				
			/		59.	7	150	CA CA.	
	y that I attended the	decease	ed from		9 <u>- ,</u> to	epT.	6 , 1937	that I last	t saw the dece
alive on	Jehr C	_, 19_	$\frac{2}{2}$, and that deat	h accurr					date stated ab
ACTUAL	1		45. 5		9 .	1	ret, city or town, st	ole)	DATE SIG
SIGNATURE_	Visto Clina		1	_M.D	Secre	2000	8 2101	1402	L' CHE HO
PHYSICIAN'S NAME (Type)	1500	ore	Tucrk,	M. N.					Md
220. BURIAL, CREA	ATION, 226. DATE THEREO	F	22c NAME OF CEMETERY	OR CREMAT	ORY	22dalQCATI	ON (Çity, town, or	county)	(Stote)
Bremoval (Sp	9/7/5	9	Machen-1	vole	1	1501	The	2 3	Sione
	TOR'S SIGNATURE	121	ADDRESS	13	240. REC'D	BY REGISTR	AR 24b. REGIST	RAR'S SIGNA	TURE
for 2	convend !	Bres	Ine Inc	ere	DATEP	9 '59	arthu	0 11	
			The Part of the Pa		UA III	_			



09990 CERTIFICATE OF DEATH

Reg. Dist. No.

09963

1. PLACE OF DEATH o. COUNTY B	altimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased live land	b. COUNTY	on: Residence before Balti	
RURAL ond give i	(If outside corporate limits, writed rest town) RITIMORE	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	if outside corporate	e limits, write R	URAL ond give ne	parest town)
d. NAME OF HOSP OR INSTITUTION	1TAL (If not in hospitol, give strange) 2622 Gwynnd	and Continue or a	d. STREET ADDRESS	vnndale	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Anna	Middle	lost essick	4. DATE OF DEATH	Sept.	th D	y Year 1959
s. sex female		MARRIED NEVER MARRIED X	B. DATE OF BIRTH		AGE (In years lost birthdoy) 59 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPAT during most of wo Supervis	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDI Krammer Co			try)	U. S	• A.
13. FATHER'S NAME	O W	3-	14. MOTHER'S MAIDEN				
	us C. Messic		INFORMANT	ie Larm	lore		
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Irs. Emma W	illing		Cransto	n Ave.
Conditions, if gove rise to couse (o), stoting lying couse lost	the under- c (c)	HYPE	RTEN-				
PART II. OT	THER SIGNIFICANT CONDITIO	ns <u>contributing to death</u> bu	IT NOT RELATED TO THE TER	RMINAL DISEASE C	ONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT W	/AS UNDERLYING ☐ 20b. G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port II	of item 1B.)		
Y 20c. TIME OF INJU Hour o. m. p. m.	10 W		PLACE OF INJURY (Home, fo octory, street, office bldg.,		town)	(County	(State
ACTUAL SIGNATUREPHYSICIAN'S	hat I attended the dec	- A	M.D. 4710 L1	M, fram the	e causes an	d an the dat	w the decease te stated abave DATE SIGNE
220. BURIAL, CREMATI	ON, 225 DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATIO	Bival	or county)	(Stote)
23. FUNERAL DIRECTO	1 -5 77	ADDRESS		EC'D BY REGISTRA		STRAR'S SIGNAT	A
Howard H	H. Hubbard 4	107 Wilkens A	Avenue DATS		The second secon	Lun & Hray	A

uneral directar, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 After this certificate has been signed by the attending physiona and campletely filled in by the far use as the burial-transit permit. Then please remay carbyn papers. Pages 1 and 2 detached far use as the burial-tronsit permit. the registrar priar TO HOSPITAL OR page 3 shauld b TO FUNERAL DI VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09964 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY BA	LTIMORE		MARYLAND	O. STATE	MARYL		ed. If institu		nce before	
b. CITY OR TOWN (If and give necrest town)	a for this ar	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	DUNDAJ		limits, write	RURAL and	give near	est tawn)
The second second	AL OR INSTITUTION (EAST AVEN		pital, give street address)	d. STREET / / 182		AVEN	UE			ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir JOH		Middle	MICKL	ISH OF		EPT.	12,1	959	Year 19
5. SEX MALE	WHITE	WIDOWED		Nov.7,	1914	12	GE (In years birthday) yrs.			UNDER 24 HRS
100. USUAL OCCUPATION during most of working beef	ON (Give kind of wark g life, even if retired) ONER	dane 10b. K	ind of Business or Indus	t Ellw	ACE (State or for	ty, F	enna.		US A	VHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME					
Const	antine M	ickl:	ish	and a	Ursula		K:	ibert		
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT			Address			
(Yes, no, or unknown)	World War	T 2	200-01-1382	Mr	s. Jul:	ianna	Micl			same
Canditions, if ar gave rise to immed (o), stating the u	inderlying DUE TO		CKONANY		elu					ND DEATH
PART II. OTH 20g. EXTERNAL CAU PRIMARY Gor CON CAUSE OF DEATH.	ER SIGNIFICANT, CON	OITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINALD	ISEASE CON	IDITION GIV	EN IN PART		PERFORMED NO
	SE WAS	b. DESCRIBE	ON INJURY OCCURRED. (Enter nature of in	jury in Port I ar P	Port II of ite	n 18.)	A-101		1
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea	While	NOT while al wark	ACE OF INJURY (Harry, street, office	dame, form, bldg., etc.)	. (City or ta	wn)	(Cav	nty)	(State)
			Accident [], Su	icide 🔲, H	, , , , , ,	Undete	ermined o			and find the
EXAMINER'S NAME (Type)	M.B.	DA	us Mo	ASSISTAN	MEDICAL EXAMI	-/		9/	13	153=
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Sept. 15	1950	22c. NAME OF CEMETERY OF Gardens of		22d.	-	City, town,		ryla	(Stote)
23. FUNERAL DIRECTOR'S HENRY SA	S SIGNATURE NDER & SC	NS II	ADDRESS NC. BALTIMO	- TT - 1 - 1 - 1 - 1	240. REC'D BY R	EGISTRAR	24b. REGIS	STRAR'S SIG	NATURE	

VS. A15ME(5) 5M 9/55

MUNICAL BY A MUNICIPE CHAMPLE OF DEATH HOLD WING TO THE REAL PROPERTY OF THE PARTY Target Come Stores and REAL PROPERTY OF THE PROPERTY OF THE PARTY O All your Cold Server See Cold Co.

FOR STATE HEALTH DEPT clor. Page O DEPUTY 1. SICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut. Certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 65

	e. COUNTY	Baltin		MARYL		Mar Mar	yland	b. COUN	Baltob	moder 4
		(if outsida corporata li d give naarast town)	imits,	c. LENGTH OF STAY	IN 1b c.	CITY OR TOWN	(If outsida corpor	ata limits, write	RURAL end give	neerest lown)
-	A NAME OF HOSE	TAL OR INSTITUTION	N (if not in horse	oilal, giva streat address		Ells	cott Ci		13X-	1 e. IS RESIDENCE
1				Reynolds R			74 Co.	llege /	ve.	ON A FARM
3.	NAME OF		irst earl	Middla	u. II	Last	4. DATE	Month	The state of the s	YES NO Year
	DECEASED (Type or print)	WILI	MAT.	HARRY	,	TLLER	OF DEATH		ember 25	1959
5.	SEX			NEVER MARRIED	_		9.	AGE (In years	IF UNDER 1 YEAR	
	Male	White			Dec.	1. 1915		last birthday)	Months Days	Hours Min.
10 de	a. USUAL OCCUPAT	ION (Giva kind of working life, evan if rel	ork 10b. Kli	ND OF BUSINESS OR IN		RTHPLACE (State	or foreign coun	ry)	12. CITIZEN	OF WHAT COUNTR
Y	Owner	riking ma, evan ii tei		taurant	D	. C.				
3	FATHER'S NAME				14. MC	THER'S MAIDEN	NAME	West 1		
1	Frederic	k W. Mill	er				on Schme	ide		44 014
	es, no, or unkown) (/ER IN U.S. ARMED F Ifyasgivawarordatas		8-05-2976			/ Mill	Address	College	tt city,
-	NO CAUSE OF	PRTH featur only		ne for (a), (b), and (c).		TIGITHE	No Pitth	51 - 14		
		H WAS CAUSED BY	Carl	on Monoxid		ca tion				NSET AND DEATH
	9721	IMMEDIATE CAUSE	(a)				1011			
	Conditions, if an	DUE 1								
	gava rise to immad	liata cause	(b)							
	(a), stating the cause last.	indariying	(c)							
Z	PART II. OTHE			TRIBUTING TO DEATH	BUT NOT RELATI	D TO THE TERM	NAL DISEASE CO	NDITION GIV	EN IN PART 1(a)	
15										YES NO
CERTIFICATION	20a. EXTERNAL C		20b. DESCRI	BE HOW INJURY OCCU	JRED. (Entar natu	a of Injury in Pa	rt I or Part II of It	am 18.)		
	CAUSE OF DEATH									
MEDICAL CE	CAUSE OF DEATH 20c. TIME OF INJU Hour a.m. p.m.		Whila	NJURY OCCURRED 2	Oe. PLACE OF INfectory, street	JURY (Home, far , office bldg., at		r town)	(County)	(Stata)
	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day,	Whila at work	Not Whila	fectory, stree	, office bldg., at	Inspection	r town)		(Stata)
	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, 19 hat I took charge	While at work	Not Whila at work	fectory, stree	utopsy X,	Inspection [y , and	
	20c. TIME OF INJI Hour a.m. p.m. 21. I certify t death resulted	JRY Month, Day, 19 hat I took charge	While at work	Not Whila at work at work at work	ve, held an	utopsy X,	Inspection [, Inquir	y , and	
	20c. TIME OF INJU- Hour a.m. p.m. 21. I certify t	JRY Month, Day, 19 hat I took charge	While at work	Not Whila at work at work at work	ve, held an	utopsy Homicide CHIEF MEDICAL ASSISTANT MEI	Inspection Under	, Inquir	y [], and	
	20c. TIME OF INJI Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S	Month, Day, 19 hat I took charge from: Natural	Whila at work causes ,	Not Whila at work ains described about Accident ,	ve, held an A	Homicide CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICA	Inspection [Under EXAMINER DICAL EXAMINER LEXAMINER	, Inquir	y [], and	d in my opinion
MEDICAL	20c. TIME OF INJI Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Typs)	JRY Month, Day, 19 hat I took charge from: Natural Wo B	Whila at work of the remarkable of the remarkabl	Not Whila at work at work at work	ve, held an A Suicide M.D.	utopsy , homicide CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICA Addrass (Streat,	Inspection [Under EXAMINER] DICAL EXAMINER EXAMINER etiy, town, or co	, Inquir termined m	y, and anner	d in my opinion
MEDICAL	20c. TIME OF INJI Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) a. BURIAL, CREMATII REMOVAL (Spacify	Month, Day, 19 hat I took charge from: Natural W. B DN, 22b. DATE THE	Whila at work of the remarkable of the remarkabl	Not While at work at work at work at work and about the control of	Suicide M.D. M.D. ERY OR CREMA	utopsy , homicide CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICA Addrass (Streat,	Inspection Under	Inquir	y , and anner , anner	d in my opinion DATE SIGNED 9/26/59
MEDICAL	20c. TIME OF INJI Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Month, Day, 19 hat I took charge from: Natural W. B DN, 22b. DATE THE	Whila at work of the remarkable of the remarkabl	Not Whila at work and	Suicide M.D. M.D. ERY OR CREMA	Homicide CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICA Addrass (Streat, ORY	Inspection [Under EXAMINER DICAL EXAMINER City, town, or co	Inquir	y , and anner ;	d in my opinion DATE SIGNED 9/26/59 (Stata)
MEDICAL	20c. TIME OF INJI Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Typs) BURIAL, CREMATIC REMOVAL (Spacify BUTIAL)	Month, Day, 19 hat I took charge from: Natural W. B DN, 22b. DATE THE	Whila at work of the remarkable of the remarkabl	Not While at work at work at work at work and about the control of	Suicide M.D. M.D. ERY OR CREMA	Homicide CHIEF MEDICAL ASSISTANT MEI DEPUTY MEDICA Addrass (Streat, ORY	Inspection [Under EXAMINER DICAL EXAMINER City, town, or co	Inquire termined munty) N (City, town, cyille, R 24b, REG	y , and anner , anner , or country)	d in my opinion DATE SIGNED 9/26/59 (Stata)

SECOND LATER TO The section of the THE CHARGE OFFI . Derablicave lan . all'emiliare - rish TO AS monayor IT WE ENTINE Title 370920057005100 -objectos not . W. hone in THE PROPERTY OF THE PARTY OF TH REVAS R of anything store, who will be all the second THE THE PERSON OF THE PERSON O

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DEPL	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss b. COUNTY b. COUNTY
SSall Sall	Baltimore Maryland Maryland Baltimore b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)
of the	writa RURAL and give neerast town)
A D	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
Bo Bo	ON A FAI
fune fune tate ath.	Baltimore County Jail 7334 Waldman, Sparrows Points No 3. NAME OF First Middle Last 4. DATE Month Day Year
the Trets	DECEASED
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 H
dee wii wii	Trib. 2 - Trib. 2 - Hours Mi
d 2, a	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUN
2 - S - S - S - S - S - S - S - S - S -	Bricklayer Construction Pennsylvania USA
로 없는 호텔	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2 5 5 5	Walter J. Miller Anna Rebar
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
y First of	yes WWII 175-20-6868 John Miller 64 Willow Spring Road Baltimore 22, Maryland
o b k €	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
exe in lining ind ind	PART I. DEATH WAS CAUSED BY: Intoxication
od bence con control al, a	874, 7 DUE TO
oulc buri	Conditions, if any, which to paraldehyde poisoning
re sh	gave rise to immadiata causa (a), stating the undarlying DUE TO
ficat end min ed a	cause last. (c)
ord "pord" pord "pord "pord" pord "pord "pord" pord "pord "p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED 20a. EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.)
d die	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
S S S S S S S S S S S S S S S S S S S	Ingosocu pararuchy de
Chitific	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20c. 9/19/59 19 20d. thJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State Hour a.m. While Not While Of the Cory, street, office bldg., atc.) at work Balto. Co. Jail Towson Baltimore Maryls
A S T O	XX. 9/19/59 19 at work Balto. Co. Jail Towson Baltimore Maryla
icate to the troop of the troop of the troop of the troop of troop	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
certi warded Warded	death resulted from: Natural causes . Accident X, Suicide ., Homicide ., Undetermined manner
rwarde DIREC	ACTUAL WILLOW 1
at of the A	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINEK
executed be NERA	EXAMINER'S NAME (Type) William V. Lovitt, Jr., M.D. Addrass (Streel, city, town, or county)
DEPUT ease exe should I FUNEI	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
0 g 4 0 g	Burial 9/22/59 BelAir Memorial Bel Air, Maryland
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	Walter Brooks Bradley, Inc., Dundalk 22 DATGEP 22'59 Cribes & Krang

tems 18-20 Film 249 9-MARYBAND STATE DEPARTMENT OF HEALTH

1338 anlesser, Commons Lobeth • dinavi ponel policipalare pagalacid will the cole down down willer this of the cole A. S. O. College . Challen boutsupp. 11) fai _____ feltope Titale ___ TeXas & ____ fairms Welter broke warder inc. . whilely 22 to the gottate

A15 VS.

119967 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09993 CERTIFICATE OF DEATH

V	iteg. Dist	. 140
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUN	TY Baltimor
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Baltimore MARYLAND (in this place)		
HOSPITAL OR	STREET (If rural give location)
X STREET ADDRESS 2603 Royal Oak Avenue	ADDRESS 2603 Royal Oak Avenue	
3. NAME OF (First) (Middle) CType or Print) EDWARD ESAU M	(Last) 4. DATE (Month) (Day OF DEATH: September	(Year) 27 19 5 9
Male White (Specify): Widowed ******	OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months D	
work done during most of working life INDUSTRY:	DR II. BIRTHPLACE (State or foreign country): 12.	
Special Representative American Expres	ss Marriottsville, Md.	USA
George C. Minor	Lucy Shakelford Smith	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of	7. INFORMANT & ADDRESS:	
No service) None A	dice M. Kachadourian-2603 Roya	al Oak Ave.
18. MEDICAL CERTIFICAT	MON	Interval Betwee
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X Immediate cause (a) Cerebral	Heworrhage.	Onset And Deat
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) Outleriose	Hemorrhage . clerosis	Syears
stating the underlying cause last. DUE TO		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from au	1 10 pm., from the causes and on the date	stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE Burial 19/1/1959 Woodlawn	ERY OR CREMATORY LOCATION (City, town, or co	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S A D 159	24. FUNERAL DIRECTOR CONTROL OF A COLUMN THE INTERPRETATION OF A COLUMN THE INTERPRETATION OF A COLUMN THE INTERPRETATION OF THE INT	AUDRESS ty Habts Av

FOR STATE HEALTH DEDT.

ctor. Page your files. TO DEPUTY Certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerablease executed executed within 24 hours after death. If any delayers please executed to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event (wirthin 72) hours after death. its designated agent, prior to burial, cremation, or removal, and in any event VS. A15ME

5M 7/59

2

MARYLAND STATE DEPARTMENT OF HEALTH

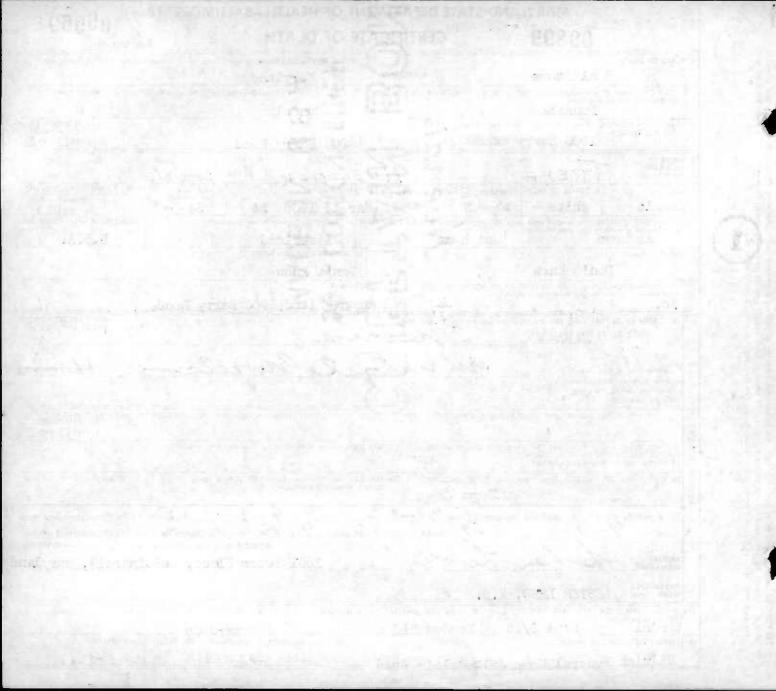
MARYLAND STATE DEPARTMENT OF THE STATE OF DEATH AGOMEDICAL EXAMINER'S CERTIFICATE OF DEATH

	00003	Film 0249 10	/E /EO				-
1. PLACE OF DEAT	гн теш /	Film G249 10		CE (Where decesses	d tived, If institution,	Residence before ed	mission)
	Baltimore	MARYLAND	e. STATE Mary	land	Bal Bal	timore	
b. CITY OR TOWN	(if outside corporele limits,	c. LENGTH OF STAY IN 16	- W		imits, write RURAL en)
_	nd give neerest town)		54 Esse	v			
	PITAL OR INSTITUTION (if not in h	ospitel, give street eddress)	d. STREET ADDRESS	^		e. IS RESI	
	7 Edgar Avenue		537 Edgar	Avenue		YES 1	FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey Yeer	
(Type or print)	George	William	Moore	DEATH	9	27 195	9
5. SEX	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED B	. DATE OF BIRTH		(In yeers IF UNDER	TYEAR IF UNDER 2	4 HRS.
Male	White WIDOW	THE RESIDENCE OF THE PARTY OF T	7-23-19	90C 53	birthdey) Months	Deys Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work vorking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole	or foreign country)	12. CI1	TIZEN OF WHAT CO	UNTRY?
1.144	yer.	ug Busmeis	me	1.		USA	3
13. FATHER'S NAME	To h		14. MOTHER'S MAIDEN	NAME	1/2		
Samu	el A mo	ou	alven	a /	yars.		
	VER IN U.S. ARMED FORCES? 16 (Ifyes give were or detection)	S. SOCIAL SECURITY NO. 17.	NFORMANT	A.	Address		
(Tos, no, or uncown)	-	112-07-1601.	miland	moore.	Sam	do	
18. CAUSE OF	DEATH [Enter only one cause per	r line for (e), (b), end (c).]				INTERVAL BETW	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) CO	ronary artery s	clerosis			ONSET AND DE	HIA
420.1	DUE TO	a condition of the control of the co	0101010				
Conditions, if er							
geve rise to imme	diele cause			HONE TO SE	N. C. Control		
(e), sleting the	underlying DUE TO						
cause lest.) (c)	NICHARIA TA DEL PUR DIRECTO					
PART II. OTH	ER SIGNIFICANT CONDITIONS CO	DNIKIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PAR	PERFOR	MED?
5						YES X N	0
PART II. OTH 200. EXTERNAL (PRIMARY [] or C CAUSE OF DEATH	CONTRIBUTING	CRIBE HOW INJURY OCCURED. (I	Enter neture of injury in Pe	of I or Perf II of Item 1	B.}		
ZOC. TIME OF IN.	JURY Month, Dey, Yeer 20d	I. INJURY OCCURRED 200, PLA	CE OF INJURY (Home, farr	n, ! 20f. (City or to	wn) (Cor	unty) (SI	itete)
20c. TIME OF IN.	mh	110 111110	ory, street, office bldg., etc	.)			
			11 . A., [V]			1.	
	that I took charge of the re			Inspection	Inquiry [_],	and in my opi	inion
death resulted	from: Natural causes X	, Accident, Suic	ide, Homicide	Undeter	mined manner		
	Alm/	1	CHIEF MEDICAL	EXAMINER X			
ACTUAL SIGNATURE	11818 ust	ner -	M.D. ASSISTANT MED	ICAL EXAMINER		DATE SIGN	IED
EXAMINER'S	Puggoll C m	falous M. m	DEPUTY MEDICA				
NAME (Type) 22e. BURIAL, CREMAT	Russell S. F:	ISNET, M.D.		city, town, or county	') Citt, Jown, or country	/State)	-
REMOVAL (Special		It Methin	Locuety	Bal	1- 14 A	(Stote)	
23. FUNERAL DIRECT	OR	ADDRESS	o. REC	'D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE	
Hisuson	nohe 1407 Es	retur leve 1	DATE S	EP 3 0 '59	arthur &	Kraua	

1 2/3-07:120 Mathers Mora. Same want of sorg to the Million is noted the fit to see MARKET BEREAR TO THE NEW PARKETS OF WARRING X STATES

VS A15 (4) 15M 9/58 0

DI ACE OF DEATH	399		ATE OF DEATI	-		Reg. Dist. I	No.	
PLACE OF DEATH B altin	nore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl:		d lived. If institution b. COUNTY	on: Residence b	perfore admiss	sion)
b. CITY OR TOWN (If outside corr RURAL and give nearest town) Dunds		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rote limits, write R	URAL ond give	nearest town	1)
d. NAME OF HOSPITAL (If not in		t oddress)	d. STREET ADDRESS	52			e. IS RES	IDENCE
OR INSTITUTION 1906	Barry Ro	ad	1906 Barry	Road				FARM?
NAME OF DECEASED (Type or print)	First 4A	Middle M	UELLMER	4. DATE OF DEATH	Sept 3/			Year
SEX 6. COLOR	OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YE		1
female whit	e widow	VED DIVORCED	Mar 13 1905	54	54 yrs.	Months Doy	ys Hours	Min.
o. USUAL OCCUPATION (Give kind during most of working life, ever	of work done 10t	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WHAT	OUNTRY
At home		at home	Switzerla	nd		Ţ	J.S.A.	
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Don't k	now		Don't know					
. WAS DECEASED EVER IN U. S. Al	RMED FORCES? 16	S. SOCIAL SECURITY NO.	INFORMANT		Add	ress		
No.		T	heron Whited I	1906 Ba	arry Road			
18. CAUSE OF DEATH [Enter o	nly one couse per	line for (o), (b), and (c).]	^			1	NTERVAL BE	TWEEN
PART 1. DEATH WAS CAI	JSED BY: CAUSE (o)	arren	na				DIAGET MIAD	DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO (b) DUE TO	an net	ise a	uz	elou	ia	-+1n	los.
	ANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS PERFO	RMED?
PART II. OTHER SIGNIFIC							152	NO
	OF DEATH I	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Por	t II of item 1B.)		11.3	NOL
20g. ACCIDENT WAS UNDERLYII	AMINER)	INJURY OCCURRED 20e. P	ED. (Enter noture of injury in LACE OF INJURY (Home, for schory, street, office bldg., etc.	n, 20f. (City		(Cour		
20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that I attendive an 3 ACTUAL SIGNATURE	Doy, Year 20d. While of we	INJURY OCCURRED 20e. Propried for the pr	LACE OF INJURY (Home, form street, office bldg., etc.), 19.59, ta., h occurred at 2.19	m, 20f. (City	or town)	that I last s d an the d	saw the cate stated	(Stot
20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that I attentive an	Doy, Year 20d. Whill of the deced	INJURY OCCURRED 20e. Propried for the pr	LACE OF INJURY (Home, form street, office bldg., etc.), 19.59, ta., h occurred at 2.19	m, 20f. (City	or town) 19.37, the causes an reet, city or town,	that I last s d an the d	saw the cate stated	(Stot
20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that I aften alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) LESTER O. BURIAL, CREMATION, REMOYAL (Specify) 22b. DA' REMOYAL (Specify)	Doy, Year 20d. 19 White of the decection of the telephone TE THEREOF	INJURY OCCURRED Not while of work seed fram. and that death 22c. NAME OF CEMETERY C	LACE OF INJURY (Home, form portory, street, office bldg., etc., 19.52, ta., 4. d., etc., ta., etc., et	M, fram ADDRESS (SI	the causes an reet, city or town, lace, Ba	that I last s d an the di stote) ltimore	saw the cate stated	(Stool leceased d abave re signi
20a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INJURY Month, Hour o. m. p. m. 21. I certify that I after alive an	Doy, Year 20d. 19 White of the deceded the	INJURY OCCURRED Not while of work and that death	LACE OF INJURY (Home, form portory, street, office bldg., etc., 19.52, ta., 4.12). h occurred at 7:19 M.D. 1801 E	M, from ADDRESS (Stutaw P	or town) 19.57, the causes an reet, city or town, lace, Ba	that I last s d an the di stote) ltimore	saw the cate stated DA1	(Sio

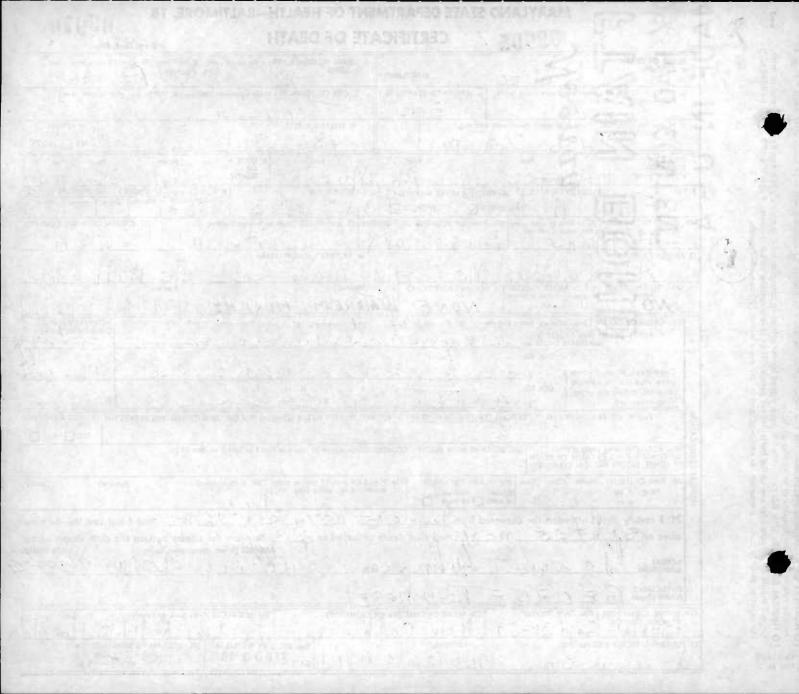


CERTIFICATE OF DEATH 09995 Reo. Dist. No. director filed wit N 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND 0 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) WSO d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D 3. NAME OF First Middle 4. DATE Lost Month Yeor DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B. DATE OF BIRTI lost birthday) Months Doys Hours Min. WIDOWED TO DIVORCED yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE-(State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup corban se remave cr 13. FATHER'S NAME Tre 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address BEALRICE M 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased fram une 15, 195 195 That I last saw the deceased alive an 3 detach and that death accurred at 32 from the causes and on the date stated above. 8 ADDRESS (Street, city or town were) ACTUAL SIGNATURE 3 should be 0 PHYSICIAN'S FUNERAL SILMORF NAME (Type) 220. BURNAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) EMOVAL (Specify) OMIA 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE SEP 3 0 '59 arthur & Kings 15M 10/57

eath.

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 Wed in by Tuneral directar, is I and 2 should be filed with permit. Then pleose remave carbon pap in any event within 72 hours ofter death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b may be retained the hospital or attending physician. TO FUNERAL DIAX, FOR: After this certificate has been signed by the ottending physician page 3 should be detached far use as the burial-transit permit. Then please remave carl the registror priar ta burial, cremotian, or remavol,

09996

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No. 971

1. PLACE OF DEATH O. COUNTY Baltime	ore		MARYLAND	2. USUAL RESIDENCE (VO. STATE Marylan	Where decease	d lived. If instituti b. COUNTY		efore admiss	iion)
b. CITY OR TOWN (If RURAL ond give ne		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo	(22)	RURAL and give	nearest towr	n)
OR INSTITUTION	AL (If not in hospital, one Administ		on Hospital	d. STREET ADDRESS 7922 Gr	egory	Drive			FARM?
3. NAME OF DECEASED (Type or print)	MET.VIN	st	Middle L.	Lost MYERS	4. DATE OF DEATH	Septemb		/	Year 19 5 9
5. SEX Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH October 3,1	.921	9. AGE (In years last birthdoy) yrs.	Months Day		ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired Driver	done 10b.	ring of Business or Indi Tractor Trail	ustry 11. BIRTHPLACE (Sto	ter, M	aryland	U. S		OUNTRY?
13. FATHER'S NAME Peter	Myers			Mattie Ril					
1S. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give war ar dates of t	ervice)	SOCIAL SECURITY NO. 12-16-4379 C	INFORMANT Lin.Rec.,Vet.	Adm. Ho	sp.Balto.		Howa	rd Di
9	the under-	MET. ABD	MONARY CONGEST ASTATIC SQUAME OMEN, THICHS A CONTRIBUTING TO DEATH BU EMACIATION	OUS CELL CARO AND BACK TANDUCATION 9/	INOMA,	E CONDITION GI			nths
20c. TIME OF INJURY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye		Not while f	LACE OF INJURY (Home, footbory, street, office bldg.,	orm, 20f. (Cit	y or town)	(Coun	1y)	(Stote)
21. I certify the price 9000000000000000000000000000000000000	appl attended the	deceas	ed fram July 4	h accurred at 2:145	P.M. fram ADDRESS (Street, city or town,	nd an the do	ate stated	d abave te signed 21/59
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			22c NAME OF CEMETERY	or crematory alley Cemeter	22d. LOCA	TION (City, town, minster,	or county) Marylan	d (Stot	te)
23. FUNERAL DIRECTOR		09 Ha	ADDRESS rford Rd.,Bal		EP 2 4 '5		ISTRAR'S SIGNA		

VS A1S (4) 15M 9/58

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(Eighten raises) Westminter, Margard U. S. A.

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Committee Commit

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of the St. Produced St. of the St

984.3 2 VALUE ALLEY TO THE STATES OFF. 9/22/19

No. Choc. 514. No. 3nd. 6009 Marrors Rd. Ballo. Ac. 101. Series - 5

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

D FUNERAL DIR. R: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sighter registror prior to burial, cremation, or removal, and in any event within 72 hours giver death.

TO FUNERAL DIR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09997 **CERTIFICATE OF DEATH**

Reg. Dist. No.

o. COUNTY Baltim	ore		MARYLA	II O STATE		nere deceased	l lived. If instituti b. COUNTY		ence befo	re odmis	sion)
b. CITY OR TOWN RUPAL and give	(If outside corporate limit nearest lown)		ENGTH OF STAY IN		OR TOWN (If o	(30)	rote limits, write R	URAL ond	give nec	R VA	n)
d. NAME OF HOSP OR INSTITUTION	ns Administ	ration	Hospit al	d. STREE	T ADDRESS Clarks		eet			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fire EDW/		Middle R	NEISSE	last R	4. DATE OF DEATH	Septe		Do	y	Year 19 59
5. SEX Male	6. COLOR OR RACE White	WIDOWED [June 5	. 1890		9. AGE (In years last birthday) 69 yrs.	IF UNDE Months	R 1 YEAR Doys	IF UND Hours	ER 24 MRS. Min.
during most of wo	ION (Give kind of work of rking life, even if retired)		of Business or I		imore,				S.		COUNTR
James Ne	isser			14. MOTH	R'S MAIDEN N	IAME					
IS. WAS DECEASED EV [Yes, no. or unknown]	ER IN U. S. ARMED FORG			17. INFORMANT			Add		form	Div	l erl on
Conditions, if of gove rise to couse (o), stoting lying cause lost. Part II, Ol Operation Part II, Ol Operation Con Contribution (IF EITHER, NOTIF)	immediate DUE TO (c) (c) (c) (d) (d)	ADENO	CARCINOMA RIBUTING TO DEATH OT TOO WAS HOW INJURY OCCU	BUT NOT RELATED Transv Filling JRRED: (Enter natur	erse Co	NAL DISEASE LOS LOS ort I or Port	CONDITION GIV 3/17/ Il of item 18.)	59.	RT 1(o) 1	MOR	NO T
20c. TIME OF INJU Hour a. m. p. m.	19	While	Not while of work	foctory, street, or	I fillome, form fice bldg., etc.	, 20f. (City	or lown)		(County)		(State)
ACTUAL SIGNATURE	hu bl (CHAVE	rord, M.	1.1	M.D. VAH	BATTO	M, fram ADDRESS (Str. 18, MD.	the causes a cet, city or town. FORT HO	ind on t	the dat	e state	ed abov ATE SIGNI

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VS A15 (4) 15M 10/57

-		09	998	CERTIF	FICA	ATE OF DEATH	1		Reg. Dist. P	(199	73
1	PLACE OF DEATH o. COUNTY	Balt imor	8	MARYL	AND	2. USUAL RESIDENCE (Who o. STATE		ved. If institutio b. COUNTY	n: Residence b	efore admiss	sion)
T	b. CITY OR TOWN (If outside carporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If or		e limits, write RL	RAL and give	nearest town	n)
ь	RURAL and give n			llvr2mth2	247			2.	101	, ,	
-	d. NAME OF HOSPI	SVIIIe TAL (If not in hospital, g	ive street		Juy.	d. STREET ADDRESS	3		V () / =	le. IS RES	IDENICE
5	OR INSTITUTION PRING GROV		HOSP			230 West 19	9th Str	eet		ON A	FARM?
3	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mont	1	Day	Year
ı	(Type or print)	Lor	etta			Nolan	OF DEATH	Sep	tember	15	19 59
5	. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	D 000	B. DATE OF BIRTH	9.	AGE (In years	F UNDER 1 YE		
	female	white	WIDOW	ED DIVORCED		April 10, 18	883	76 yrs.	Months Day	s Hours	Min.
1	Da. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (State of	ar fareign coun	fry)	12. CITIZEN	OF WHAT	COUNTRY
	none	g				V:	irginia		U.	S. A.	
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN N					
	Edw	ard Nolan				Bridget	Coyne				
1:	Yes, no. or unknown)	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	155	- 12	
	unknown	for year grow wor or during or a		Unknown	Re	cords: SPRING	G GROV	E STATE	HOSP	ITAL	
	Conditions, if of gove rise to it cause (a), stating lying cause tast.	mmediate (, G			c cardiovascu eriosclerosis	als CA.I. VA global				
CATION	PART II. OT		DITIONS			NOT RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART 1(o	19. WAS PERFC	AUTOPSY RMED?
401				langrene of				14-1-1-1		YES 🗌	NOW
CEDTIE		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in Po	ort I or Part 11	of item 18.)			
AMEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	Y Manth, Day, Yes	20d, II While of wor	_ Not while _	20e. PL/ foc	CE OF INJURY IHome, farm, tory, street, affice bldg., etc.)	20f. (City or	town)	(Count	ly)	(Stote)
	21. I certify th	at I attended the	deceas	ed fram Aug	. 2	8 1959 to S	ept. 15	19 59	that I last	saw the	decease
	1	pt. 15	10		death	accurred at 4:25	am from	he course	d an the	data stat	d at
	ACTUAL To	2	28	es - 1/2	Jeum		ADDRESS (Street	l, city or town, s	tote)		ATE SIGNED
	SIGNATURE	muce of		in co	2	M.D. SPRING GI	ROVE S	TATE H	OSPITAL	9-	15-5
	PHYSICIAN'S NAME (Type)	BRUNO	RI	40AUSK	AJ	Catonsvi	lle 28,	Marylar	nd		
	CEMOVAL (Specify)	1 - CB116	49	22c. MANNE OF CEMET	ERY DI	chiex	120	N (City, town, ar	24-1	mex)
23	. FUNERAL DIRECTOR	S SIGNATURE	has	ADDRESS /	11/1	1 140. REC'D	BY REGISTRAL	24b. REGIST	RAKS SIGNA	URE	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) NAME OF HOSPITAL (If nat in haspital, give street address) d. STREFT ADDRESS e. IS RESIDENCE OR JINSTITUTION ON A FARM? YES NO NO NAME OF First Middle Last 4. DATE Day Year Month DECEASED DEATH (Type or print) 1958 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days WIDOWED 17 DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) after 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 72 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO duy Conditions, if ony, which gove rise to immediate DUE TO couse (a), sloting the underond lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19-PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) (County) factory, street, office bldg., etc.) MEDI 0. m While Nat while of work at work 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 2M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) 0 ACTUAL prior SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Slote) REMOVAL (Specify) he 23 FUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 21 '59 VS A15 (4) Circling & Kings 1SM 9/SB



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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may be retained by the hospital or attending physician.

Defined by the property of the property of the contending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 mould be filed with the registror prior to burial, cremation, or remaval, and in any event within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by FUNERAL DI

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VS A	9/55

20000				R	eg. Dist. No.		
Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl			Residence befor Baltimo:		n) .
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest-lown) CRUCHSVIIILE	TH OF STAY IN 16	c. CITY OR TOWN (IF of		nits, write RUR	AL and give nea	rest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Forest Home Mursing	Home	d. STREET ADDRESS 535 Ki	ngston R	oad		ON A F	ARM?
B. NAME OF First DECEASED (Type or print) George	Middle P	Paulus	4. DATE OF DEATH	Month Septemb	o 23		eor 9 59
6. COLOR OR RACE 7. MARRIED N Male White WIDOWED X		DATE OF BIRTH Apr. 5, 1874	9, AG lost		UNDER 1 YEAR Nonths Days	Haurs	24 HRS. Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of warking life, even if retired) Produce dealer	BUSINESS OR INDUST	Marylan	d		U.S.		OUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN N					
John Paulus 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	TECHNITY NO. 17 WH	Dont kn	OM	Address			
(Yes, no or unknown) If yes, give war or dates of service)		n Paulus 535	Kingston				
couse (a), stating the under- lying couse last.	PARTUR	OS CEF	F 12	in (D C ON IN PART I(a) II	P. WAS AI	MED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED.	. (Enter nature of injury in P	ort I ar Part II of	item 1B.)			
	CCURRED 20e. PLAC	CE OF INJURY (Home, farm, ary, street, office bldg., etc.	20f. (City or tov	~n)	(County)		(Stote)
21. I certify that I attended the deceased from alive on 19.59 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 1 0 M at 16.5 M	'/'	, 19.59, Ia occurred at	M, from the	causes and		e stated	
- PENOVAL (Specify)	AME OF CEMETERY OR BL LAWN	CREMATORY	22d. LOCATION (city, town, or o		(Stote)	
	DRESS		BY REGISTRAR		AR'S SIGNATUR		
Ullrich Funeral Home Dundalk	162	DATE S	EP 28 '59	and	hur Li Kin	us.	

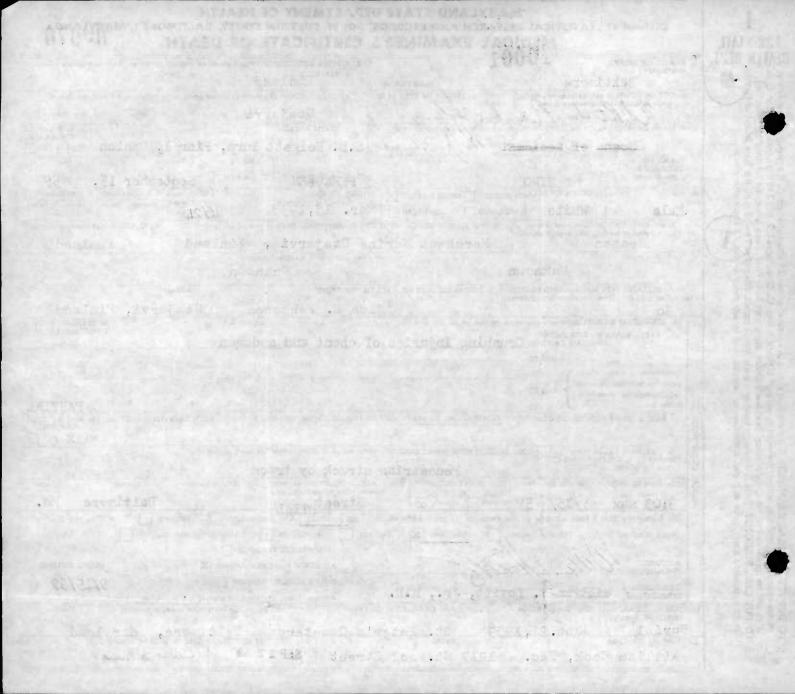
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FOR STATE TO DEPUTY: ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay pecessary, please executed certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral, ctor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your tiles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 may 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 0 VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH s. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission)					
1	Baltimore /maryland	•. STATE Finland b. COUNTY					
1	b. CITY OR TOWN (if outside corporete limits, write AURAL and give nearast town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)					
	Il S. Kt 40 - Pulachi Aghroy	Utajarvi 03X /					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?					
	-Scene of accident the fones local	S.S. Beigett Torn, Pier 1, Canton YES NO					
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year					
	(Type or print) EINO	PEHKONEN DEATH September 15, 1959					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Male White WIDOWED DIVORCED M	Mar. 15,1935 Surfaces Months Deys Hours Min.					
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
1	Seaman Merchant Marin	e Utajarvi, Finland Finland					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Unknown	Unknown					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Ifyesgivawarordetesofservice)	NFORMANT Address					
		ss E. Pehkonen Utajarvi, Finland					
	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Crushing injuries of						
7	8/2X DUE TO						
	Conditions, if eny, which \ (b)						
	gave rise to immediate cause						
	(a), stating the undarlying Cause last.	PARTTAT.					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
4	5	PERFORMED? YES TO NO					
		inter nature of injury In Pert I or Part II of Item 18.)					
	renestran	struck by truck					
	3 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)					
3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. 9/15/19 59 et work 20 et work 200 et	Strest office bldg., etc.) Baltimore Md.					
	21. I certify that I took charge of the remains described above, he	Id an Autopsy X, Inspection I, Inquiry I, and in my opinion					
	death resulted from: / Natural causes , Accident X, Suici						
	CHIEF MEDICAL EXAMINER						
	ACTUAL /////	ACCICTANT MEDICAL EVANINED TO DETE SIGNED					
	SIGNATURE COULT CHECKED	DEPUTY MEDICAL EXAMINER 9/15/59					
	NAME (Type) William V. Lovitt, Jr., M.D.	Address (Street, city, town, or county)					
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)						
	Barial Sept. 21. 1959 St. Peter	's Cemetery Baltimore, Maryland					
-		248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE					
	William Cook, Inc. 1217 Sp. Paul S	treet SEP 22'59 Curling & Thank					
-							



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	2	erificate has been signed by the attending physician and campletely filled in by	as the burial-transit permit. Then please remove corber, papers. Pages 1 and 2 seculd be filled with	/
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		npletely fill	ers. Pages	
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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	CERTIFICATE	OF DEATH	

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OR INSTITUTION 5738 First Avenue 5738 First Avenue VES 3. NAME OF DECEASED (Type or print) Amelia Pfeiffer Bath Sept. 7. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	
RIPAL and give necrest lown) Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 5738 First Avenue 3. NAME OF DECEASED (Type or print) Amelia S. SEX 6. COLOR OR RACE AMERICA DEVER MARRIED B. DATE OF BIRTH Baltimore d. STREET ADDRESS 5738 First Avenue 4. DATE OF DEATH Sept. 7, DEATH Sept. 7, 9. AGE (In years IF UNDER YEAR	
OR INSTITUTION 5738 First Avenue 5738 First Avenue VES 3. NAME OF DECEASED (Type or print) Amelia Pfeiffer Sept. 7. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UN	n)
DECEASED (Type or print) Amelia Pfeiffer S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR YEAR	SIDENCE A FARM?
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER	Yeor 19 5 9
female white widowed Divorced Sept. 10, 1882 76 yrs. Manths Days Hours	ER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11c. CITIZEN OF WHAT WARYLAND 12c. CITIZEN OF WHAT WARYLAND 13c. CITIZEN OF WHAT WARYLAND 14c. CITIZEN OF WHAT WARYLAND 15c. CITIZEN OF WHAT WARYLAND 16c. CITIZEN OF	
13. FATHER'S NAME John Hettche 14. MOTHER'S MAIDEN NAME Christina Gonderman	Th. e
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) (If yes. give wor or dates of service) none Mrs. Natalie Brown 5738 First Ave. 1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond, (c).]	. #2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which) (b) (c) Conditions, if any, which)	
gove rise to immediate couse (a), stating the under-lying couse last. DUE TO (c)	
S YES 🗆	AUTOPSY ORMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Not while of work of two two to work of two	(State
ACTUAL SIGNATURE TO THE CALL KUT M.D.	
NAME (Type) James Frederick, M. D. 1305 RX Francis Avenue 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stot.	ite)
Burial 9:9:59 Luudon Park Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Howard H. Hubbard 4107 Wilkens Avenue DATEP 10'59 Colling & Kraus	

	AYE GHALYHAM
CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

TOWN.	TOATE OF DEATH	Reg	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY Baltimore MARYLA	2. USUAL RESIDENCE (Where decease on STATE Maryland	b. COUNTY	worcester	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corp	porote limits, write RURAL	ond give nearest town)	
Fort Howard 117 days	Berlin	23:	x-2	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Veterans Administration Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	Route 2		YES NO X	
OF DECEASED (Type or print) Served As: CLARENCE (NMT) PU	RNELL Last OF DEATH	Month Septembe	Day Year 1959	
S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	B. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HR	
Male Negro WIDOWED DIVORCED	□ Ang. 1. 189h	65 yrs. Mon	nths Doys Hours Min.	
0a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign	country) 12	2. CITIZEN OF WHAT COUNTRY	
Laborer Farming 3. FATHER'S NAME		Berlin, Maryland U.S.A.		
J. FAIRER S NAME	14. MOTHER'S MAIDEN NAME			
John W. Purnell	Mary Butler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes, give war or dates of service)]	INFORMANT	Address		
334X DUE TO	EBRAL THROMBOSIS		5 DAYS	
Conditions, if any, which gove rise to immediate couse (o), stoting the under-	518		UNKNOWN	
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CHRONIC RENAL DISEASE WITH NEPHROTI		SE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter noture of injury in Part I or Po	ort II of item 1B.)		
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While at work of twark 19	De. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.)	ty or town)	(County) (State	
21. I certify that/1/attended the deceased fram May 11	1959 , Septembe	r 5 159 800		
xativeconoccoccoccoccoccoccidecoccide, and that d	egth accurred all:58PM from	the sauser and a	the data stated about	
1 2 0 1 5		Street, city or tawn, stote)		
SIGNATURE Walle . Lelle M.	M.D. VAH, BALTO 18, MI			
PHYSICIAN'S WALTER C. GOLDSTEIN, M.D.	VAH, BALTO 18,N	D. FT.HOWARI	D DIV. 9/6/59	
20. BLIRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE REMOVAD Specify)	ery or crematory 22d. Local	ATION (City, town, or cou		
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. RECID BY REGIS		-	
23. FUNERAL DIRECTOR'S SIGNATURE 1808 N. Monroe	Street PATE	59 Cullin	1 Le Krana	

may be retained the haspital or attending physician. **D FUNERAL DIRE. OR:** After this certificate has been signed by the attending physician or page 3 shauld be detached for use as the burial-transit permit. Then please remave carb the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after the registrar prior to burial, crematian, ar remaval, and in any event. TO HOSPITAL OR TO FUNERAL DIR VS A1S (4) 1SM 9/SB

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VS A1S (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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200	Diet	No	

	70002	CERTIFICA	AIL OI DEAII		Reg. Dist. No.
a. COUNTY	Baltimore	MARYLAND	CTATE	here deceosed lived. If institution b. COUNTY	n: Residence before admission) Baltimore
b. CITY OR TOWN (II RURAL ond give ne Cockeysv	f outside corporate limits, write carest tawn)	c. LENGTH OF STAY IN 16		outside corporate limits, write RU EXEMPSVILLE RD	JRAL and give nearest town)
	AL (If nat in haspital, give street	address)	d. STREET ADDRESS Gabbons Bly		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	JAMES ROSS	Middle QUINN	Last	4. DATE Mont OF DEATH Septe	mber 16. 19 59
. sex Male	6. COLOR OR RACE 7. MARR	The state of the s	B. DATE OF BIRTH September 19,	9. AGE (In years lgst birthdoy) 60 yrs.	Manths Days Hours Min.
0a. USUAL OCCUPATION during most of work Timekeep	DN (Give kind af work done ling life, even if retired) Be	kind of Business or Indus			12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
James A.			Emma Sa	uble	
S. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16. (If yes, give war ar dates of service) None		mily Records	Addr	ess
Conditions, if an gave rise to it cause (a), stating lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	mmediate DUE TO (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition givi	EN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO
	S UNDERLYING 20b. DESI	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJUR Have a. m. p. m.	Y Month, Doy, Year 20d. II 19 While at wor	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc	1, 20f. (City or town)	(Caunty) (State
alive anACTUAL SIGNATUREPHYSICIAN'S NAME (Type)		In QUINN 22c. NAME OF CEMETERY O	M.D. 1927 /	M, fram the causes and ADDRESS (Street, city or town, see R.K. R.A. TIMO)	or county) (Stote)
REMOVAL (Specify)	Sept.20,1959	Weisburg Meth			
3. FUNERAL DIRECTOR		ADDRESS			STRAR'S SIGNATURE Dilling & Kraue
John Bur	ns' Sons. Towso	n. Maryland	DATE	OF THE C	a rivery

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TO MOSTILAL CASE in the haspital or attending physician.

TO FUND BE THE CASE After this certificate has been signed by the attending physician and campletely filled in by meral director, page 3 shauld be detached for use as the burial-transit permit. Then please response before pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 9/58

CERTIFICATE OF DEATH

Rea Dist No

Baltimo	re	MARYLAND	2. USUAL RESIDENCE (W Maryland	here deceased lived. If institution: Resider b. COUNTY	ce before admission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, w		c. CITY OR TOWN (If	outside corporate limits, write RURAL and	give nearest town)
Fort Ho	ward	89 Days	Baltimore	(24)	3 VOI-4
OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veteran	s Administrat	ion Hospital	623 South	Rose Street	YES NO
3. NAME OF DECEASED (Type or print)	JOSEPH	Middle $ m M_{ullet}$	RACHUBINSKI	4. DATE Month OF September	23 Year 1959
5. SEX Male		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH August 24,19	last birthdoy) Months	1 YEAR IF UNDER 24 HF Doys Hours Min
100. USUAL OCCUPAT	ION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (Slote	or foreign country) 12.CIT	ZEN OF WHAT COUNTR
Laborer	iking me, even ii remed)	Tile Setting	Baltimore	, Maryland	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Michael	Rachubinski		Susannah G	orczewicz	
	ER IN U. S. ARMED FORCES?		INFORMANT	Address	
¥ Yes	WW II	216-07-2555 C	linical Recor	ds, Baltimore, Md. Fo	rt HowardDi
-	EATH [Enter only one couse				INTERVAL BETWEEN
	ATH WAS CAUSED BY:	HEPATIC FAILURE	چ		3 MONTHS
581.1	IMMEDIATE CAUSE (o)				
Conditions, if		LAENNEC'S CIRRHO	STS		UNKNOWN
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lying couse lost	g ine under-		81		
	, (0)	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPS
		erculosis, Left	- 002 V		PERFORMED? YES NO
		DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF		les e	IACE OF INITIBY /Home for	n, 20f. (City or town)	County) (Sto
_	. 10 V		octory, street, office bldg., etc	c.)	
20c. TIME OF INJU Hour o. m p. m.	19 V	/hile Not while fo	octory, street, office bldg., et	eptember 231559XXXX	
20c. TIME OF INJU Hour o. m p. m 21. I certify	thor offended the dec	/hile Not while twork of work of work of twork of work of work of two	octory, street, office bldg., etc.	eptember 23159XXXXX	
20c. TIME OF INJU Hour o. m p. m 21. I certify	thor offended the dec	/hile Not while twork of work of work of twork of work of work of two	octory, street, office bldg., etc.		e date stated obo
20c. TIME OF INJUMENT OF MANY ACTUAL	thor offended the dec	/hile Not while twork of work of work of twork of work of work of two	nctory, street, office bldg., etc., 19 59 , to Son occurred at 1:00	AM, from the causes and on the ADDRESS (Street, city or town, stote)	
20c. TIME OF INJUMENT OF MOUT OF MOU	thor offended the dec	/hile Not while twork of work of work of twork of work of work of two	nctory, street, office bldg., etc., 19 59 , to Son occurred at 1:00	M, from the causes and on the ADDRESS (Street, city or town, stote)	e date stated obor
20c. TIME OF INJUMENT OF MANY ACTUAL	thoix offended the decomposition with the dec	/hile Not while twork of work of work of twork of work of work of two	notory, street, office bldg., etc. 1959, to St. h occurred at 1:00. M.D. VAH, BALT	AM, from the causes and on the ADDRESS (Street, city or town, state)	e date stated obordate sign
20c. TIME OF INJU-Hour o. m p. m 21. I certify CIVALENTIAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATI	tho of offended the decomposition with the composition of the composit	thile Not while for work of wo	notory, street, office bldg., etc. 1959, to Son occurred at 1:00. M.D. VAH, BALT	AM, from the causes and on the ADDRESS (Street, city or town, stote)	e date stated obordate sign
20c. TIME OF INJUMENT OF MANY ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 1	tho of offended the decomposition with the composition of the composit	ceosed from June 26 CAXXXXXX and that death RD, M.D.	m.D. VAH, BALT.	AM, from the causes and on the ADDRESS (Street, city or town, state) MORE MD.FT.HOWARD MORE MD.FT.HOWARD 22d. LOCATION (City, town, or county)	e date stated obordate sign DIV. 9/23 DIV. 9/2 (State)
20c. TIME OF INJU- Hour o. m p. m 21. I certify OUXXXXXXX ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	thoix offended the decomposition with the control of the control o	ceosed from June 26 EXXXXXXX and that death RD, M.D. 22c. NAME OF CEMETERY C	m.D. VAH, BALT: VAH, BALT: VAH, BALT: CR CREMATORY Cemetery	Am, from the causes and on the ADDRESS (Street, city or town, state) IMORE MD.FT.HOWARD	DIV. 9/23 (Stote)

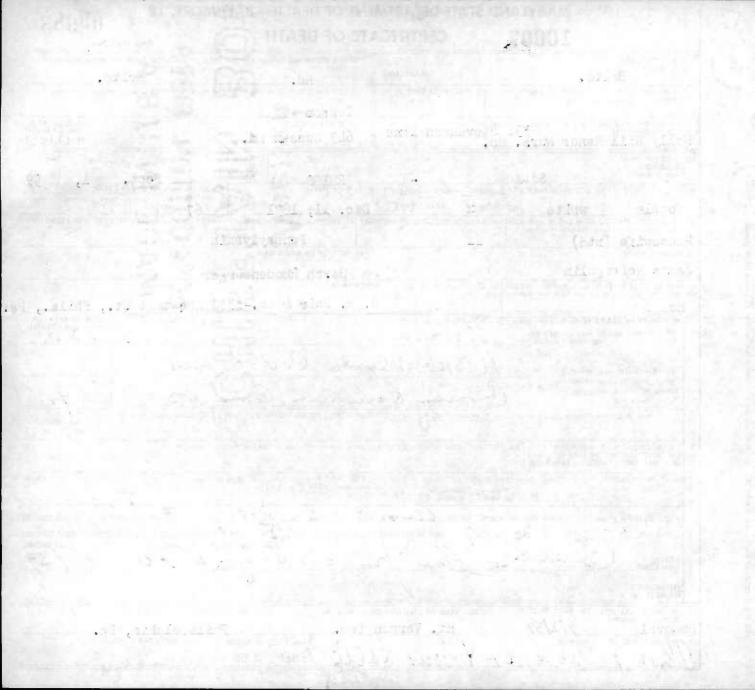
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10007 CERTIFICATE OF DEATH Reg. Dist. No director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed a. COUNTY b. COUNTY Balto. MARYLAND Balto. Md. Dug b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) Towson d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION

Lane d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 643 Sussex Rd. by 12 Manor Nurs. Ho. YES TO NO T puc 2. NAME OF 4. DATE Middle Last Month Day Year DECEASED (Type or print) DEATH Pages SARA 19 RETSS 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH Months Days cample WIDOWED M DIVORCED T female white paper 10o. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife (rtd and Pennsylvania ŏ carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician James McLaughlin Sarah Rhodenburger maye haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address If was nive was or dates of service O. H. Bair & Co.-1820 Chestnut St., Phila., Pa. 72 attending no please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line far/(a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Xue IMMEDIATE CAUSE (o) DUE TO levolu (-V-K. Dos. þ permit. Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underand lying cause lost. burial-transit PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. has YES NO 🗌 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (Stote foctory, street, office bldg., etc.) Hour o. m. While Not while of wark ot work p. m. 21. I certify that I attended the deceased fram that last saw the deceased detached M, from the causes and an the date stated abave. alive an and that death accurred at the SR: ADDRESS (Street, city or town, state ACTUAL SIGNATURE nay be retaine FUNERAL DIR P 3 shauld PHYSICIAN'S NAME (Type) 22a. SURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Removal Vernon 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRÉSS** 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 3 '59 Cirthua 15M 9/5B

within 24 haurs



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09984

		18	- CERTIFICA					Reg. Di	st. No.	
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	2. USUA a. ST/	RESIDENCE (VATE Maryla		d lived. If institut b. COUNTY		ce before od	mission)
RURAL and give	(If outside corporate limi nearest town) Chase	ts, write	c. LENGTH OF STAY IN 16	c. CII	Y OR TOWN (I	If outside corpo	prote limits, write f	RURAL and	give nearest t	own)
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, g			d. ST	REET ADDRESS	Down 21.	0 Ebenez	ow Dd	01	RESIDENCE N A FARM?
Rt. 1		benez		Ш					153	MINOL
3. NAME OF DECEASED (Type or print)	Marv	st	Middle E •	Richar	dson	4. DATE OF DEATH	Mor	ot.	Day 12,	Yeor 19 59
5. SEX	6. COLOR OR RACE		NEVER MARRIED DIVORCED	8. DATE O		072	9. AGE (In years last birthdoy)	IF UNDER Months	1 YEAR IF U	
Fema.Le 10a. USUAL OCCUPAT	ION (Give kind of work	WIDOWI	KIND OF BUSINESS OR INDL		IRTHPLACE (Sta		85 yrs.	12. CITI	ZEN OF WHA	AT COUNTRY?
	rking life, even if retired)	At Home		Magga	chusett	6		USA	
House 13. FATHER'S NAME	wrie		A C HOME	14. MO	THER'S MAIDEN		3		000%	
	Jacob R	obert	son			Unkno	wn Dunt	V		
5. WAS DECEASED EV	ER IN U. S. ARMED FOR			INFORMAN	T	Ulikilo	Add	M.		
(Yes, no, or unknown)	(If yes, give war or dates of s			r. Hai		Richard			ox 240	20
	ATH [Enter only one co	use per li		1100		<u></u>	2001		-	. BETWEEN
	ATH WAS CAUSED BY:	osc per in								ND DEATH
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Conditions, if			Deral eknol	chin	Deck	3010			LM	ones -
gove rise to couse (a), stating										
lying couse lost)	V						177.0	
CATIC		-	CONTRIBUTING TO DEATH 8U	T NOT RELA	TED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PAR	PE	AS AUTOPSY RFORMED?
20a. ACCIDENT W	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter n	oture of injury i	in Part I or Po	rt II af item 18.)			
20c. TIME OF INJU Hour a. m. p. m.		ar 20d. II While ol war	Not while fo	LACE OF IN	JURY (Home, fo t, affice bldg., a	orm, 20f. (City	y or town)	(6	County)	(Stote)
21. I certify to	hot lottended the	deceas		_[5_, 19	259 , to S	ept 1	the causes or			e deceosed
	2006	<i>>-/ '/</i>	1600	. 0000110	A			spare)		DATE SIGNED
ACTUAL SIGNATURE	1. clary	100	M W W	M.D	5402	Dela	Kd-19	ella 6	117	
PHYSICIAN'S NAME (Type)	MICHAEL J	GRE	SSFELD MI)						
220. BURIAL, CREMATI REMOVAL (Specify RULL 13.1		.1959	22c. NAME OF CEMETERY C	or cremat			TION (City, town,	or county)	· (Stote)
23 FUNERAL DIRECTO		3-///	ADDRESS	ME VIIO		C'D BY REGIS		ISTRAR'S SIG	GNATURE	71 1111
1 0 7	inerale Ila	~ .	7401 Bolasi	RA	DATE	SEPTE	59		A Hinese	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours of moy be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours often deapth.

CHITAGA TO TRADAUTED 2000 The Property of the Contract and which a visible of the TO A THE STREET HERETY A CONTRACT OF THE PROPERTY OF THE PARTY OF T

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE.	18
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CERTIFICATE OF DEATH

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1, PL o.	LACE OF DEATH . COUNTY Bal	timore		MARYLAND	2. USUAL RESIDENCE O. Maryland		d lived. If instituti b. COUNTY		before admi	ission)
b.	RURAL ond give n	If outside corporate limit earest town) t Howard		Days	Baltimor		prote limits, write F	2.1	re nearest to	wn)
	OR INSTITUTION	TAL (If not in haspital, gi	ive street address)		d. STREET ADDRESS		et		ON	A FARM?
DE	AME OF ECEASED ype or print)	Firs	st .	Middle	RICKS	4. DATE OF DEATH	Septemb		Day 20	Yeor 19 5
-	fale		WIDOWED [DIVORCED	8. DATE OF BIRTH July 25,19		9. AGE (In years lost birthdoy) 45 yrs.		YEAR IF UNI	-
L	aborer	ON (Give kind of work d king life, even if retired)		struction	STRY 11. BIRTHPLACE (SI		arolina		S. A.	COUNTR
D	ATHER'S NAME Daniel Ri VAS DECEASED EVE	CKS ER IN U. S. ARMED FORC	CES? 16. SOCIAL	SECURITY NO.	Leora Too		Add	Iress		
{Yes, r	no, or unknown)	(If yes, give wor or dates of se	rvice)		inical Recor	HAV DA			heave	Ddw
	181.0	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO	PULMONA		ND ASPIRATION OF THE CONTRACT				ORECEN	
	Conditions, if of gove rise to it couse (o), stating lying couse lost.	DUE TO	SQUAMOU	RY EDEMA A		ARY BLAI				WN
CERTIFICATION	Conditions, if or gove rise to it couse (o), stoting lying couse lost. Operation 1. Urete	ony, which mediate the under. (c) HERSIGNIEICANT OF STORY	ACUTE SONTRIB	IRY EDEMA A IS CELL CAR SUPPURATIVE OUTING TO DEATH BUT PERAL 2.Cut	CINOMA, URINA	S RMINAL DISEAS TY.3. I	DDER E CONDITION GIVE	ven in part 1	UN KNO	WN NOWN AUTOPORMED?
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MEDICAL CERTIFICATION	Conditions, if of gove rise to it couse (o), stoling lying couse lost. Operation 1. Urete 20a. ACCIDENT W. OR CONTRIBUTING UIF EITHER, NOTIFY 20c. TIME OF INJURE Hour o. m. p. m. 21. I certify the	DUE TO Ony, which immediate the under: HER SIGNIEI CANT AS UNDERLYING CY Month, Day, Yea 19 A CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea 19 A CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea 19 A CAUSE OF DEATH MEDICAL EXAMINER)	ACUTE . S PITIONS CONTRIB TO DESCRIBE HO TO 20d. INJURY C While of work of of work of work of the control o	SUPPURATIVE BUTING TO DEATH BUT BUTING TO DEATH BUTING TO DEATH BUTING BUTING TO DEATH	PERITONITI PERITONITI NOT RELATED TO THETE Aneoileosto D. (Enter noture of injury ACE OF INJURY (Home, fectory, street, office bldg., 24, 1959, to San occurred at 9:40 M.D. VAH, BALTO VAH, BALTO	S RMINAL DISEAS In Port I or Port orm, 20f. (City etc.) 20f. (City etc.	E CONDITION GIVE Leoileost 1 II of item 18.) or town) the couses on treet, city or town, RT HOWAR	(Control of the control of the contr	UNKNO UNKNO UNKNO (a) 19. WAS PERF YES X	SAUTOPORMED? (Stocked above the sign of t

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10010 CERTIFICATE OF DEATH

09986

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
D / I = I	11. DA C. 10.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE	AY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PARK DRIVE	d. STREET ADDRESS 101 PARK DRIVE e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EMMA E	RICKTOR 4. DATE Month Day Yeor OF DEATH Sept. 5 19 59
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI WIDOWED DIVOR	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frou SEKEEPER HOME	10 10
13. FATHER'S NAME CHARLES HAUPT	14. MOTHER'S MAIDEN NAME ELIZ.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	No. 17. INFORMANT Pickton -101 Josh Drive
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO DEATH
	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (Caunty) (State)
21. I certify that I attended the deceased fram Junalive on Sapt. 4 , 19 59 , and the signature Physician's NAME (Type) Lea J. Gaver. M. D.	ot death occurred of 4:20 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state) M.D. 1 Maldow Hill Rd., 96/59 Baltimore #29. Md.
	EMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR SIGNATURE Howe, ADDRESS Tarley Terreral Howe, Calor	wille Med DATE SEP 9 59 Only & Kraus

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VS A15 (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

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	1001	i.	CENTI	IGAI	L OI DEAI			Reg. Dist	t. No.	
1. PLACE OF DEATH a. COUNTY Be	altimore		MARY	- 11	usual residence (w		d lived. If instituti b. COUNTY	on: Residenc	e before	odmission)
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, s	write c	LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	outside carpo	rote limits, write R	URAL ond g	ive negre	st town)
Fort Howa			10 Days		Baltim	ore	3	101-	4	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	street ado	dress)		d. STREET ADDRESS				e.	IS RESIDENCE
	Administrat	ion E	lospital		827 Powe	rs Str	reet	23.1	1	ON A FARM?
3. NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mon	th	Doy	Year
(Type or print)	WALTE		H.	RINE	HART	DEATH	Septem	ber	5	1959
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIE	D 🔲 8. I	DATE OF BIRTH		9. AGE (In years			UNDER 24 HR
ML Male		DOWED	_	-	9/4/79		last birthday) 80 yrs.	Months	Doys H	fours Min.
auring most of worl	ON (Give kind of work don- king life, even if retired)			RINDUSTR						WHAT COUNT
Enginee	er	Ra	ilroad		Baltimore		land	U.	S.A.	
				75.4						
	Liam Rinehart R IN U. S. ARMED FORCES		CIAL SECURITY NO	117 10150	Lena Cr	awmer	Add		1	
Yes 10	14/98-2/16/9	e)			Rec. VAH, Ba	1+4 18			a na	
	ATH [Enter only one cause		for (a) (b) and (c) 1	101111	alleca valla Da	ن لون الد	The HOLL	HOWAY		AL BETWEEN
	TH WAS CAUSED BY:			DA DOM	TON				ONSET	AND DEATH
11201	IMMEDIATE CAUSE (a)	FILOU	ARDIAL IN	PARUT	TON				2	WEEKS
4-00.1	XXXXXXX	7777	ONLANDE WAR							
Conditions, if or		PULM	ONARY INF	ARCTI	ON				1	DAY
cause (a), stating										
lying couse last.) (c)_	GENE	RALIZED A	RITERI	OSCLEROSIS				UNK	NOWN
САТІ	FREUMONTA	ONS CO	NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO
OR CONTRIBUTING	S UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRI	BE HOW INJURY O	CURRED. (Enter nature of injury in	Part I or Part	I II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.		20d. INJU While	Not while	20e. PLACE foctor	OF INJURY (Home, form y, street, office bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(Stole
	attended the de			+ 26	1050 4- 8	entemb	om E 10E0			
120000000000000000000000000000000000000			coc and that	death o	corred a DIVVE				e date	
ACTUAL SIGNATURE	erohun T	fa	ulk, mi	n Mr	VAH, BALTO	18. MD	FORT H	Stote)	DTV.	9/5/59
PHYSICIAN'S										
NAME (Type) A	RTHUR T. FAU	LK,	M.D.		VAH, BALTO	18, M	D. FORT	HOMARD	DIV	•
22a. BURIAL, CREMATIO REMOVAL (Specify)		2	2c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCAT	TION (City, town, o	or county)		(State)
Birial	9-9-3	7	Baltimo	re Na	tional	Ba	ltimore,	Maryl	and	
23. FUNERAL DIRECTOR	S SIGNATURE	13/34	ADDRESS	3-b A	24a. REC	D BY REGIST	RAR 24b. REGIS	STRAR'S SIGI		
Chenoweth F	uneral Home	Ba	ltimore,	Jary L	and offer	8 '59	arthur	1 & the	n.a	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	10012	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	BALTO.	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institut b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN (If o RURAL and give near	outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write f	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street 18 FORES	0111	d. STREET ADDRESS	OREST 1	9VE e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MANIE	Middle H	ROBERTS	4. DATE Mor OF DEATH SE	
5. SEX	S. COLOR OR RACE 7. MARE		8. DATE OF BIRTH SUNE 28, 18	9. AGE (In years lost birthdoy) yrs.	
during most of working	(Give kind of work done 10b. g life, even if retired) KEEPER	KIND OF BUSINESS OR IND	OUSTRY 11. 8IRTHPLACE (Stole of	or foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	NRY H.	PIXON	14. MOTHER'S MAIDEN NA		FTLEK
	yes, give war or dates of service	SOCIAL SECURITY NO.	Miss Elemen	Robert 18	PFOREST. NVE.
PART I. DEATH 4442 X Conditions, if ony, gove rise to imm	nediote (of for (o). (b). and (c).	Menal D.	dio	INTERVAL BETWEEN ONSET AND DEATH
CAT	(c)	CONTRIBUTING TO DEATH BU	JT NO RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING 20b. DESC CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in Pa	ort I or Port II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. If White of world	Not while 1	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Manker M Pau	13 yerl	M.D. 30 3		that I last saw the decease and an the date stated above state) DATE SIGNI
220. BURIAL, CREMATION, RESOLVAL (Specify)	9-6-59	22c. NAME OF CEMETERY	OR CREMATORY Cervilley	22d. LOCATION (City, town,	or county) (Stote)
23. FUNERAL DIRECTOR'S S	Turval Ha	mi - Calone	velle her DATE		STRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

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ON A FARM?

YES NO

Year

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VS A15 (4) 15M 9/58

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CERTIFICATE OF DEATH

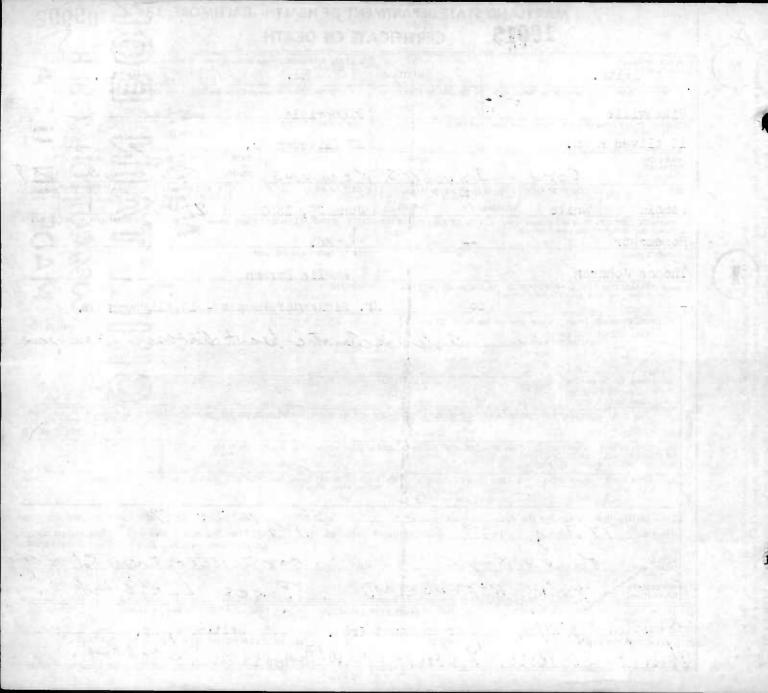
09992 Reg. Dist. No.

1. PLACE OF DEATH	0.	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Md.	ere deceased live	ed. If instituti b. COUNTY	an: Residence be	
b. CITY OR TOWN (I RURAL and give no Pikesville		c. LENGTH OF STAY IN 16	X c. CITY OR TOWN (If o	utside carporate	limits, write R	URAL ond give n	earest tawn)
	AL (If not in haspital, gi	ve street address)	d. STREET ADDRESS	Rd.			e. IS RESIDEN ON A FAR YES NO
3. NAME OF DECEASED (Type or print)	Cora	Johnson S.	ROMANS	4. DATE OF DEATH	Seb	oth [Day Year
s. sex Female		7. MARRIED NEVER MARRIED WIDOWED DIVORCED		- le	AGE (In years ast birthdoy) 79 yrs.	Manths Days	R IF UNDER 24
10a. USUAL OCCUPATIO during mast of work Homemaker	ON (Give kind af wark di king life, even if retired)	ane 10b. KIND OF BUSINESS OR IND			ที่	12. CITIZEN	OF WHAT COU
13. FATHER'S NAME Thomas John	nson		14. MOTHER'S MAIDEN N				
IS. WAS DECEASED EVE			Amelia For INFORMANT Mr. Alexander		Add	71.4	ig ig
	mmediate the under- Cc).	ITIONS <u>CONTRIBUTING</u> TO DEATH BI	JT NOT RELATED TO THE TERMI	NAL DISEASE CO	DINDITION GIV	/EN IN PART 1(a)	PERFORME
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture af injury in	Part I ar Part II o	of item 18.)		YES NO
20c. TIME OF INJUR Have a. m. p. m.	Y Month, Day, Year		PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc		tawn)	(Count	у) (
	at I attended the		, 19.5 6 to	14.50	P. 19.5	nat I last so	w the dece
ACTUAL SIGNATURE	Paul H	Royse	M.D. 808	ADDRESS (Street	city or town,	town I	DATE S
ACTUAL	PZUL N, 22b. DATE THEREOF	Royse M.	M.D. 808 PL OR CREMATORY	ADDRESS (Street, TREIS KESU 22d. LOCATION	city or town, Cers	state) COUNT e 8, M ar caunty)	DATE :

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the haspital ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by TO HOSPITAL OR A may be retained TO FUNERAL DIRECT

VS A1S (4 1SM 9/SB



INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

(County)

(Stote)

director PLACE OF DEATH o. COUNTY () RTT OR TOWN (If outside corporate limits, write RURAL and give nearest town) awnow. d. NAME OF HOSPITAL (If not in hospital, give street oddress) **QRANSTITUTION** by 2 NAME OF filled DECEASED (Type or print) 5. SEX cample USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country oring most of working life, even if retired) reams and pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (FIELD IN PART 16) 19. WAS AUTOPSY has 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 21. I certify, that I attended the deceased fram (that I last saw the deceased alive an and that death accurred at 6.4 M. fram the causes and an the date stated above. OR: ADDRESS (Street, city or town, state) TO FUNERAL DIRE P PHYSICIAN'S E LIOT W. JOHNSON 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATOR 22d. LOCATION (City, town or county) abod EMOVAL (Special FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 8 '59 Cirling & Krous

VS A15 (4) 15M 9/58

Edward Therene

9 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE anthon & House

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			ASSES TO SE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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10019 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and a should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hays-other death. M by the haspital ar attending physician. ITOR: After this certificate has been signed by the attending physician and completely filled in t

may be retain TO FUNERAL D

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

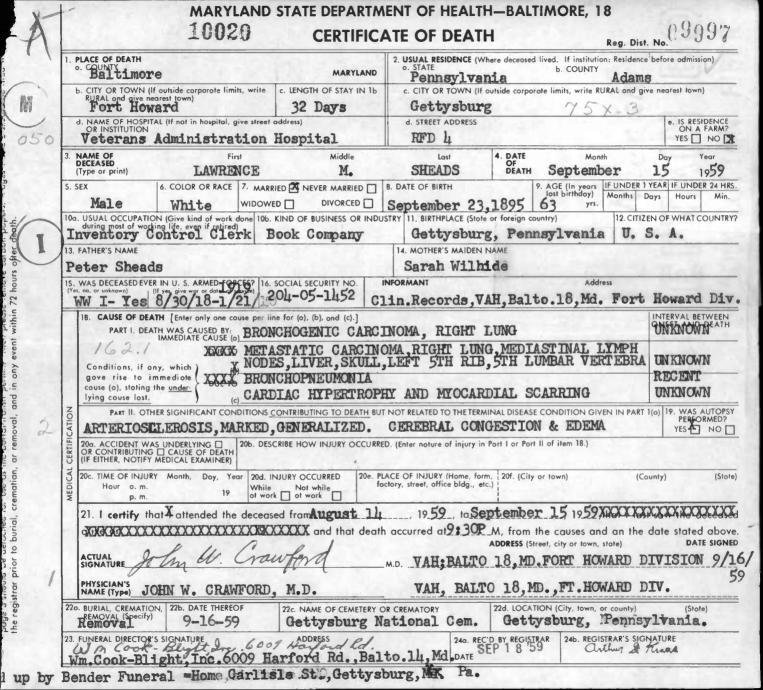
09996 Reg. Dist. No

1. PLACE OF DEATH o. COUNTY	Bullinn Harrison St	Essex	MARYLANS	2. USUAL RESIDENCE o. STATE Maryland	(Where decease	b. COUNTY		efore odmi	ssion)
B. CITY OR TOWN	(If outside corporate limedrest town) Nursing		OTH OF STAY IN 11	c. CITY OR TOWN		orate limits, write !	RURAL ond give	nearest tov	rn)
d. NAME OF HOSE OR INSTITUTION 19 Harriso	PITAL (If not in hospital, g	ive street oddress)		d. STREET ADDRESS Long Be				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Alfred		Middle A	Lost SEIFERT	4. DATE OF DEATH	Mo Sept	nth 21	Day	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED) N	NEVER MARRIED	B. DATE OF BIRTH Feb. 6, 188	1	9. AGE (In years plast birthday)	Months Day		
Rallroad	TION (Give kind of work orking tife, even if retired	done 10b. KIND OF	BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (SI		country)	12. CITIZEN	OF WHA	T COUNTRY?
13. FATHER'S NAME Unkno	wn			14. MOTHER'S MAIDE	n name nknown				
15. WAS DECEASED EN (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of s		SECURITY NO. 17	Harry Kepner	RD I		lress 19 Ba	Ltimo	re 20,
Conditions, if gove rise to cose (a), statinglying couse lost	ony, which (binmediate g the under-	, Heger	ios clar	tic that	price	si, A	lizand	5	yrs.
			JTING TO DEATH B	BUT NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GI	VEN IN PART 1(0	PERF	ORMED?
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH TY MEDICAL EXAMINER]	206. DESCRIBE HO	W INJURY OCCUP	RRED. (Enter nature of injury	in Port I or Po	rt II of item 18.)		YES	NO 🔯
20c. TIME OF INJU Hour o. m p. m	10	While No	CCURRED 20e.	PLACE OF INJURY (Home, f foctory, street, office bldg.,	arm, 20f. (Cit	y or fawn)	(Count	ly)	(Stote)
21. I certify alive on	that I attended the	1259, Lemmi 45. Cf		_м.в	ADDRESS (S	in the causes of the transfer of the causes of the transfer of	cotol	date state	ted above. DATE SIGNED 9/24/5
REMOVAL (Specific Removal) 23. FUNERAL DIRECTO	9) Sept. 21	, 1959 I	East Harr	risburg	Ha	rrisburg,	Pa.	(Ste	ite)
wm. 6001		7 St. Pai		24a. R	SEP 2 2		Istrar's signat		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and the discount of the formula for the filed in by the funeral director, and the formula for the filed in by the funeral director. VS A15 (4) 15M 9/58

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10021 CERTIFICATE OF DEATH 09998

I. PLACE OF DEATH		CHAT						Keg. Dis			
o. COUNTY				2. USUAL R	ESIDENCE (W	/here deceased	lived. If institution	on: Residen	ce befor	e admissi	ion)
	Baltin	nore	MARYLAND		Maryla	and	0. CO01411	Balt	imor	e	
 CITY OR TOWN (RURAL and give n 		200	c. LENGTH OF STAY IN 16	c. CITY C	OR TOWN (IF	outside corpo	rote limits, write Rt	JRAL ond g	give nea	rest town)
L MANUE OF HOOR	Parkville		20	X	Parkvi	ille					
OR INSTITUTION	TAL (If not in hospital, g			d. STREE	7916	Uich E	Point Rd.				FARM?
3. NAME OF	Fit		Middle	11	Last	4. DATE	Mon	ı.	0-		/ear
DECEASED (Type or print)						OF			Da		
5. SEX		pert	G.	Shecka B. DATE OF B		DEATH		ot. IF UNDER	30		9 59
). SEA	6. COLOR OR RACE		ED NEVER MARRIED			000	9. AGE (In years lost birthdoy) 38 yrs.	Months	Doys	Hours	Min.
Male	White	WIDOWED		March	13,						
during most of wor	rking life, even if retired)	IND OF BUSINESS OR INDI	USTRY 11. BIRT		73.1	ountry)	12. CITI		WHATC	OUNTRY
Process	Planner		Aircraft	1	67 40 11	York			USA	1	
3. FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME					
Ray	mond Sheck	cart	And to harde a second		Jeanni	ie LaBo	ott				
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		OCIAL SECURITY NO.	INFORMANT	7774		Addr	ess			
	(If yes, give war or dates of s		2-12-5028 M	cs. Mary	Shool	cont 5	916 High	Poin	+ Pc	1	
Yes In CAUSE OF DE	ATH [Enter only one co			D. Mar	Diffect	lar u	ATO UTAIL	FULL		RVAL BE	TAVEENI
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B	ALTIMORE	MARYLAND	MARYLAND	2	BALTO	CITY
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outsi	de corporote limits, write f	RURAL ond give nea	rest town)
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OR INSTITUTION	TAL (If nat in hospital, give street	oddress)	d. STREET ADDRESS			ON A FARM?
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3. NAME OF DECEASED (Type or print)	Edgar.	Middle 5	MITH 4.	DATE Mor	et. 4	Yeor 19 5 9
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost bir) Hay)	IF UNDER I YEAR	
MALE	WHITE WIDOW	ED DIVORCED	SEPT 25 189	lost birthday)	Months Doys	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	WHAT COUNTRY
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13. FATHER'S NAME	9		14. MOTHER'S MAIDEN NAM			
MCCL	ELLIAN	SMITH	ANNA N	EAL		
15. WAS DECEASEDEV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Add	lress	
		1/4	M SMITH -	3431 A	SH ST.	
18. CAUSE OF DE	ATH [Enter only one couse per li	ne for (o), (b), and (c).			INTE	RVAL BETWEEN
	ATH WAS CAUSED BY:	teris seles.	ti Candial	100-1. d		ET AND DEATH
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20a. ACCIDENT W	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I or Port II of item 18.)		
	MEDICAL EXAMINER)					
Y 20c. TIME OF INJU			ACE OF INJURY IHome, form,	20f. (City or town)	(County)	(State)
Hour o.m.	19 While at work		ctory, street, office bldg., etc.)			
21. I certify the	hat I attended the deces	9/2/	59 10 . 91	1/00 10		
	hat attended the decease		3 7, 19 , ta 7/	. , -	,that I last sa	
alive on	TTT-3-1 18-	, and that death		A, from the causes o		e stated above
ACTUAL	1 12 5	2		DRESS (Street, city or town,	(1)	9 DATE SIGNED
SIGNATURE	A. XII.	rome	M.U	- 1 1 1 0 N	Pla,	1/5/5
PHYSICIAN'S NAME (Type)	A.M.F	-RANCE				
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22c	d. LOCATION (City, town,	or county)	(Stote)
BURIAL (Specify	9/7/59	MONGAN	1 CHAPEL C	PRROLL	Co. A	13
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 24b. REGI	STRAR'S SIGNATURE	
austis	v J. Nonova	N-3818 Not	and CharleSEP	8 '59 and	Chur & Kraus	

uneral director, rould be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4 TO MOSTING ON A PROPERTY of the Massild or attending physician.

To Most be retained by the haspild or attending physician and campletely filled in by the attending physician and campletely filled in by the UNERAL DIST. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 states prior to burial, cremation, ar removal, and in any event within 72 hours after drawn. TO HOSPITAL OR

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strar pri	1	PHYSICIAN'S NAME (Type) JOHN W.
Ö	2	20 BURIAL CREMATION 225 D

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

20c. TIME OF INJURY

Hour o. m.

20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Year

ATE THEREOF

Clin.Rec.VAH, Balto 18, Md., Fort Heward Division INTERVAL BETWEEN ONSET AND DEATH RIDGIDAN UNKNOWN UNKNOWN RECENT YEST NO 20b. DESCRISE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while of work of work 21. I certify that attended the deceased from Aug. Sept. 2 ARX MANAGEMENT AND ARX ARX and that death accurred at 42500M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) MD VAH. BALTO 18.MD FORT HOWARD DIVISI CRAWFORD 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Allen Meth.Church Cem/ Allen. Maryland ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE E. Main St. Salisbury, arthur & Kraus DATESEP Home

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). o. COUNTY b. COUNTY MARYLAND Baltimore Maryland Somerset b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Fort Howard Days Eden d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO R Veterans Administration Hospital NAME OF Middle 4. DATE Inst Year DECEASED (Type or print) DEATH September 1959 BIDINIPAY SNET I INC S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 67 vrs Months WIDOWED | DIVORCED | Male White yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction Somerset Co., Maryland Carpenter U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Palmer G. Snelling Anna Smullen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 217-03-1457 Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE HEMOPTYSTS DUE TO BRONCHOGENIC CARCINOMA, RIGHT LOWER LOBE (b) METASTATIC CARCINOMA. LUNG. MEDIASTINAL LYMPH NODES. Conditions, if ony, which gove rise to immediate MAXOLIVER, KIDNEYS AND ADRENALS couse (o), stoting the under-(c) PULMONARY INFARCTS, MULTIPLE lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PERFORMED? VENOUS INFARCTS, LIVER , RECENT. ATROPHY, ADRENALS UNKNOWN DURATION

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VS A15 (4)

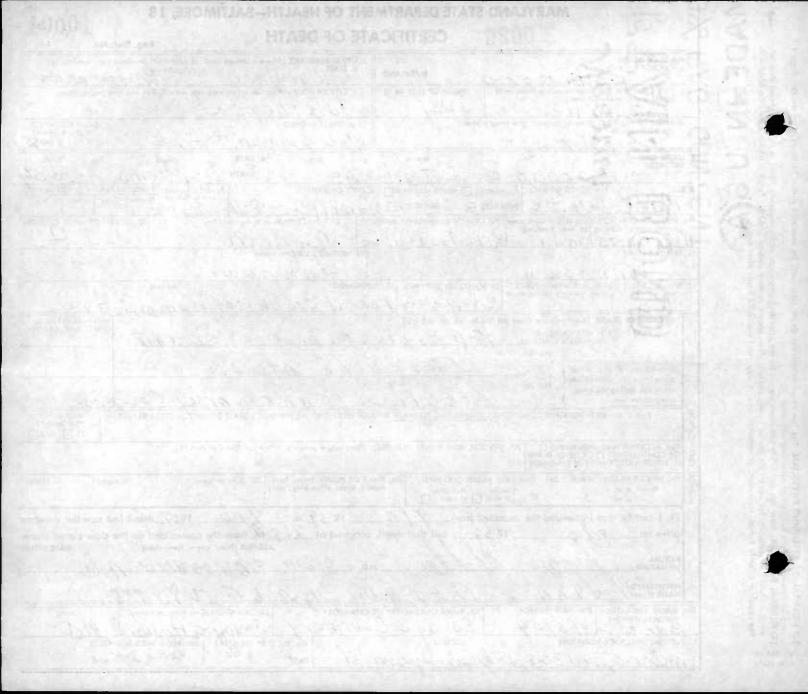
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VS A1S (4) 1SM 9/S8 10005

	10027	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE)	deceased lived. If institution b. COUNTY	on: Residence before admission) Baltimore
	RURAL and give nearest town)	GTH OF STAY IN 16	× Wh	de corporote limits, write &	URAL ond give nearest town)
+	d. NAME OF HOSPITAL (If not in hospitat, give street address) OF INSTITUTION ON V	ne	d. STREET ADDRESS	n Rd	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Bessie 6	Middle Sold Sold Sold Sold Sold Sold Sold Sold	andiford. 8. DATE OF BIRTH	DATE OF MON OF DEATH OF MON 9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 ARS
	WIDOWED [DIVORCED 🗌	Jan. 1, 188.	2 John Directory)	
	As. USUAL OCCUPATION (Give kind of work done 10b. KIND O duying most of working life, even if retired) A SETHER'S NAME	ne susiness or indu	THE MOTHER'S MAIDEN NAM	Co. Md.	12. CITIZEN OF WHAT COUNTRY
L	WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL	SECURITY NO.	Sarah L	Bul	rella resserve
	(es, no, of Onknown) (If yes, give war or dates of service)	- 19	illard &	tandiforg	It White Hall
	18. CAUSE OF DEATH [Enter only one couse per line for (o PART I. DEATH WAS CAUSED BY:), (b); ond (c))	Ce mark		INTERVAL BETWEEN
F	33/X DUE TO			8	
	Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u> (c)				
NOITAN		BUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
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MEDICAL	G 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY C While Not work ☐ of wo		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State
1	21. I certify that rattended the deceased fra		1959, to 9		That I last saw the deceased
	actual 11 m. 7 m	, and that death		fram the causes and DRESS (Street, city or town,	and an the date stated above stote) DATE SIGNED
	PHYSICIAN'S D. M. ERG	7 NIP	M.D	S.A.J. 0N //	175.
2	PAME (Type) 29. BURIAL, CREMATION, 2b. DATE THEREOF 22c.	NAME OF CEMETERY OF	R CREMATORY 22	d. LOCATION (Gity, town,	or county) (State)
23	Dyoria La epizy 1797111	DDRESS	P 240' REC'D 8	Y REGISTRAR 24b. REGI	STRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

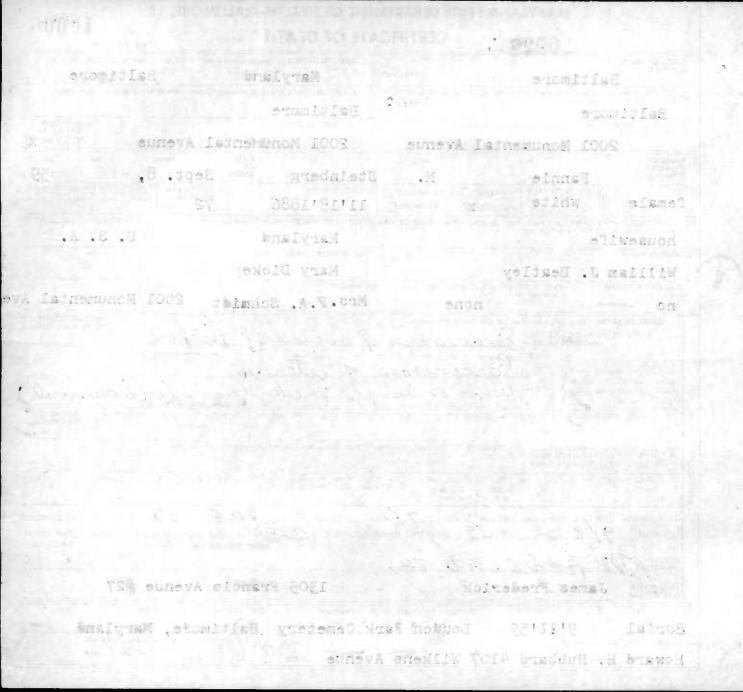
YES NO TO

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1959

12. CITIZEN OF WHAT COUNTRY? U. S. A. 2001 Monumental Ave INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) That I last saw the deceased and that death occurred at 125 PM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city ar town, state) 1305 Francis Avenue #27 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Park Cemetery Burial Baltimore. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE SEP Christury & Kraus Howard H. Hubbard 4107 Wilkens Avenue

he 10 VS A15 (4) 1SM 9/SB



CERTIFICATE OF DEATH

10007

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1. PLACE OF DEATH Balto	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	ence perofe admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	irporote limits, write RURAL onc	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	315 Javan	nak Ceve	e. IS RESIDENCE ON A FARM? YES NO
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3. FATHER'S NAME Bullon	h	14. MOTHER'S MATTEN NAME	own	
(Yes, no, or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17.	reph Gallay	Address	
18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ine for (a), (b), and (g.) Circulals ny	collapse		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b)	Heart Ja	ilure , chroni	c	5 year
gove rise to immediate couse (a), stating the underlying couse lost. DUE TO	Arteriosch	rotic condion	rascular dise	ac Scotta
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT			
20a. ACCIDENT WAS UNDERLYING A 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or	Part II of item 18.)	
Haur a.m. While		ACE OF INJURY (Home, form, 20f. (ctary, street, office bldg., etc.)	City or town)	(County) (State
21. I certify that I attended the decear	THE STATE OF THE S	9, 19,59 July		last saw the decea
C O De	and that death	ADDRESS	ram the causes and an S (Street, city or town, state)	DATE SIGN
	aumann	Baltice	re 21, Med.	9-13
20. BURIAL, CREMATION 226. DATE THEREOF	Fron Julius	R CREMATORY 22d. LO	CATION (City, town, or county)	md. (Stole)
3 JUNERAL DIRECTOR'S SIGNATURE 14	ADDRESS CO	206. REC'D BY REC	GISTRAR 24b. REGISTRAR'S S	

death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs off by the haspital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by jetached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 to burial, crematian, ar remaval, and in any event within 72 hours of perdeath.

uneral director, ald be filed with

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may be retained by MISTAL DIT (4) 219 (4) 219 (4) 219 (4) 219 (5) 219

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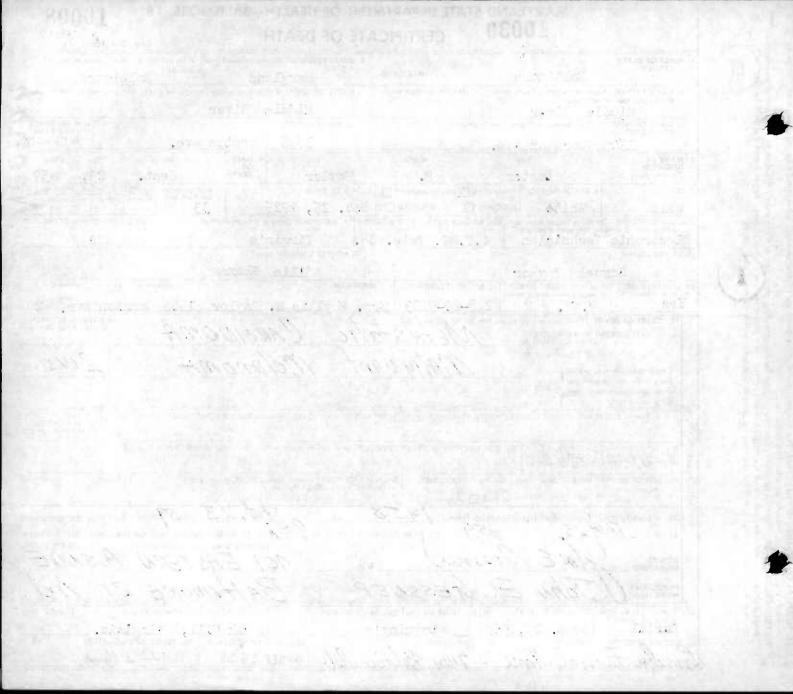
TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of may be retaine the hospital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a page 3 shauld be detached for use as the burial-transit permit. Then please registrate cabon papers. Pages 1 and 2 signer registrate that burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10030 CERTIFICATE OF DEATH

10008

					Keg. Dist. No	
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased live	d. If institution	n: Residence befo	are admission)
Baltimore	MARTLAND	Maryland Baltimore				
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate	limits, write RU	RAL and give ne	arest tawn)
RURAL ond give neorest town) Middle River		54 Middle	e River			
d. NAME OF HOSPITAL (If nat in haspital, give str	reet address)	d. STREET ADDRESS	O ICT ACT			e. IS RESIDENCE
OR INSTITUTION	eer dudress;					ON A FARM?
1506 Dornton Ave		1506	Dornton	Ave.		YES NO X
3. NAME OF First	Middle	Last	4. DATE	Manth	Do	y Year
(Type or print) Lester	P.	Taylor	OF DEATH	Sep	t. 2	3. 1959
		8. DATE OF BIRTH				IF UNDER 24 HRS.
	ARRIED X NEVER MARRIED		lo		Months Days	Hours Min.
Male White WID	OWED DIVORCED	Dec. 25, 1929		33 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (Stote	or foreign country	y)	12. CITIZEN O	F WHAT COUNTRY?
Electronic Technician	A.T.&T. Tele.	Co. Virgin	າ ຳ ລ		USA	1
13. FATHER'S NAME	A.I.dI. ICLC.	14. MOTHER'S MAIDEN N			008	7
Samuel Taylor		Lillie	Bloxom			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT		Addre	SS	
Yes W. W. # 2	218-20-9183 M	s. Phyllis M.	Taylor	1506	Dornton	Ave 20
Conditions, if any, which gove rise to immediate cause (o), stating the under-lying couse lost.	MALIGNA	ent Mei	mon	NA	4	Zyks.
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT				N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		so, tema narote ar injory in				
Haur o.m.		ACE OF INJURY (Hame, farm actory, street, office bldg., etc		own)	(County)	(Stote)
21. I certify that I attended the dec		19	pt. 23	1059,1	hat I last sav	w the deceased
alive an JE/143	and that death					e stated abave
ACTUAL SIGNATURE SIGNATURE	essner	40 00	ADDRESS (Street,	CTAR	1	ENUE SIGNED
PHYSICIAN'S JOHN E	GESSNE	R E	BALTI	MORE	= 21	md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, town, or	county)	(Stote)
Burial Sept. 25,19			Oak Hi	77 ***	rginia.	
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR		RAR'S SIGNATU	IRE
torsahn tuneral Home	7401 Below	Rd. DATESE	P 2 5 '59	and	wy & three	A.



FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the criticate, writing the ward "pending" in penal in 18. Give Pages 1, 2, and 3 to the funeral strain. Page 4 should be strained to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

10009

	COUNTY B	altimore) i	MARYL	AND	2. USUAL RESIDENCE (o. STATE Mary	Where decedyland	b. COUN			0 1	//
b.	CITY OR TOWN (If and give rearest town)	outside corporote limits, writ Catonsvill		c. LENGTH OF STAY IN 2mth27dy		Basaden			RURAL a		earest to	-
	NAME OF HOSPITA			nospital, give street address)		d. STREET ADDRESS	aret I	rive			ON	A FARM?
DI	AME OF CEASED ype or print)	Owen Fir	st	Middle E •		Thomas	4. DATE OF DEATH	Septe		Doy 1		100r 9 59
5. SE	100	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	_	DATE OF BIRTH Sept. 16, 1	884	9. AGE (In years last birthday) 74 yrs.	Months Months	R TYEAR Days	Hours	ER 24 HRS. Min.
10a. du	USUAL OCCUPATIO		1	. KIND OF BUSINESS OR IN		Y 11. BIRTHPLACE (State				TIZEN O		COUNTRY?
13. F	ather's name Unk	nown				14. MOTHER'S MAIDEN Unknown	NAME			71		
[Yes, 1		ER IN U. S. ARMED FO (If yes, give wor or dates of		6. SOCIAL SECURITY NO. Unknown		cords: SPR	ING C	Address ROVE ST	ATE	HOSP	ITAL	,
	Canditions, if a gave rise to immed (a), stating the cause last.	diate cause DUE TO	, G	terios cle roti eneralized a :	rter	riosc ler osis						
Anon	PART II. OTH	IER SIGNIFICANT CON		racture of r			WINAL DISEA	SE CONDITION GI	VEN IN PA		PERFC	AUTOPSY DRMED?
121	PRIMARY OF COL CAUSE OF DEATH.	ISE WAS TRIBUTING []	ell	in bathroom	sust	ter noture of injury in Po aining frac	ture	of right	on8-2 femui		pt.	
MEDICAL	9:30 MAKE	8–27 15		d. INJURY OCCURRED 200 hile Not while work 1 of work 1	focto	E OF INJURY (Home, for ry, street, office bldg., et OS pital	(c)	tonsville		ounty) Mary	land	(State)
				e remains described I causes [], Accid			Homicid	e [], Undet			er 🗌	nd in my
	EXAMINER'S NAME (Type) BURIAL, REMATIO REMOVAL (Specify)	N, 226. DATE THERE		fer, M. D.	RY OR	11		ATION ICHY, IOWN,	or county		[Sto	
23. F	UNERAL DIRECTOR	SSIGNATURE	130	ADDRESS /	7	240. REC	C'D BY REGI		ISTRAR'S !			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10010

		UU.1	2 OERTHIO		OI DEAII	•		Reg. Dist	No.	
1. PLACE OF DEATH o. COUNTY	7 1		MARYLAND		SUAL RESIDENCE (WE	CONTRACTOR OF THE PARTY OF THE	d lived. If institution b. COUNTY			sion)
1 0-4 00	Baltimo			-	Maryla			Balti		
b. CITY OR TOWN (If RURAL ond give nec	outside corporate limit prest town)	ls, write	c. LENGTH OF STAY IN 16	ε.	CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond gi	ve nearest tow	n)
Ruxton 4,		3.5	31 years	5.	Rı	uxton				
d. NAME OF HOSPITA	L (If not in hospital, g	ive street	address)	þ	. STREET ADDRESS					SIDENCE A FARM?
1001 Maly					1001 Malv	ern Av	re.			NO
3. NAME OF DECEASED	Fin	st	Middle		Last	4. DATE	Mon	th	Day	Yeor
(Type or print)	Fran	k	Bryant	To	mpkins	OF DEATH	Septer	nber	17	1959
5. SEX			IED NEVER MARRIED		E OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND	7
Wala		WIDOWE			/3/06		lost birthdoy) 53 yrs.		Days Hours	
Male Male	White		KIND OF BUSINESS OR INDU			or foreign o		112 CITI	ZEN OF WHAT	COUNTR
during most of working	ng life, even it retired)	100.		31111					I.S.A.	COUNTRY
Osteopath 3. FATHER'S NAME			Self	124	Somerset,			0		
				14.	MOTHER'S MAIDEN N					
	rett Tompk				Emma Grac	e brya	ill			110
S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORM	IANT		Addr	Sunse	r Pk.	
0		2	13-38-6296 S	on.	At. R.D.	Thompl	cins Nov		alif.	
18. CAUSE OF DEAT	H [Enter only one co	use per lir	ne for (o), (b), and (c).]						INTERVAL BI	ETWEEN
PART I. DEAT	H WAS CAUSED BY:		SPATIAL CONTRACTOR STATE	170	d metastas	ie			ONSET AND	DEATH
1907	IMMEDIATE CAUSE (o)		General	TAC	u metastas	1.0			0 1110	
970.7			0.1	1.	1.64	616-1			1	
Conditions, if on gove rise to im	mediate		Subungual m	ielai	noma, lert	ILLE	i toe		1 yr	•
couse (o), stoting th										
lying couse lost.) (c									
PART II. OTHE	ER SIGNIFICANT CON		CONTRIBUTING TO DEATH BUT					EN IN PART	1(o) 19. WAS	AUTOPSY DRMED?
3		Ad	vanced metasta	atic	disease -	mela	noma			NO O
PART II. OTHE	UNDERLYING I	20b. DESC	CRIBE HOW INJURY OCCURRE	ED. (Ente	er noture of injury in I	Port I or Por	t II of item 18.)			
	MEDICAL EXAMINER)									
	Month, Day, Yea	r 20d. IN	NJURY OCCURRED 20e. PI	LACE OF	INJURY (Home, form	20f. (City	or town)	(Co	ounty)	(State)
Hour a. n.	19	While	Not while fo	actory, st	reet, office bldg., etc)				(0.0.0)
₹ p. m.		or wor					1 -9			
21. I certify the	at I attended the				19 59, to S	ept.	19.59	,that I lo	ast saw the	decease
alive on Se	pt. 17	_, 12	59 , and that death	h occu	rred at 4:55P	_M, fran	n the causes a	nd an the	e date state	ed abov
	1200	0	0/0				treet, city or town,			ATE SIGNS
ACTUAL	VALEY 1	0/	lemeter	M D	15 E.Biddl	e St.	, Balto.	2, Md.	9/17	/59
					* * * * * * * * * * * * * * * * * *					
PHYSICIAN'S NAME (Type)	Robert G. C	Chamb	ers, M. D.							
220. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMETERY C	OR CREA	ATORY	22d, LOCA	TION (City, town, c	c county)	(Stol	te)
REMOVAL (Specify)	9/21/	50					ltimore,		(SIO	e1
Cremation 3. FUNERAL DIRECTOR'S		37	ADDRESS		04. 222	D BY REGIS			LATIME	
uman	_							IKAK 5 SIGI	MATURE	
11 - COOL	-100050	Mill.	IC- TOWSO	14,	/VIT DATE OF	24 159	Cath	40 8 F	AMA	

funeral director, anould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DE FOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should and detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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	L			THE REAL PROPERTY.	
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e de la companya de l					
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10011

10033

CERTIFICATE OF DEATH

Reg. Dist. No.

				238								wad, pin	1. 140.		
o. CC	Balt	imore			MARYLAN	2. USU 0. S	AL RESIDENCE TATMARY	lanc	deceased L			Residence Balt			ion)
b. CII	TY OR TOWN (FRAL and give in TOWS	(If autside carpo learest tawn) SON	rote limits, wr	ile c. LENG1	TH OF STAY IN 1	b c. 0	Tows		le carpore	ate limits, w	rite RUI	RAL and gi	ive near	est lawn)
d. NA	AME OF HOSPI R INSTITUTION 79	TAL (If not in he	enhan			/ d. :	7903		enh	am Av	ve .		•		PARM?
3. NAM DECE (Type		JA	First JGUST	FREDE	Middle ERICK	TRUM	PLER		DATE OF DEATH	Sept	Month	8,19	59		reor
5. SEX Mal	е	White		MARRIED NE	DIVORCED	-	OF BIRTH		9	P. AGE (In y		F UNDER I	Days	Hours	R 24 HRS. Min.
M		ON (Give kind orking life, even i		Retai	BUSINESS OR IN	1010	1 101	LI SCIC	illa	untry)		12. CITI	ZEN OF US		COUNTRY
IJ. FAIH		millia	on L.	Trump	oler		other's Mail Susan			ner					
1S. WAS	DECEASED EVE	ER IN U. S. ARM (If yes, give wor or WW I	NED FORCES?	16. SOCIAL SE 216-0]	CURITY NO. 17 L-2453		J. Tr	umpl	Ler-	7903	Addres	lenh	am	Ave	•
go	onditions, if coverise to its use (o), stoting ng couse lost. PART II. OT	the <u>under-</u>	(b) DUE TO (c) NT CONDITIO	ONS CONTRIBUT	ING TO DEATH I	BUT NOT REL	ATED TO THE	TERMINAL	DISEASE	CONDITION	N GIVER	N IN PART		PERFO	AUTOPSY RMED?
20a. OR (IF E	CONTRIBUTING	AS UNDERLYING CAUSE OF	DEATH AINER)		V INJURY OCCUI						3.)				
WEDICAL 20c.	Hour o. m.	KT MONTH, D	w w	od. INJURY OCC thile Not work of work	while	factory, stre	NJURY (Home, set, office bldg	, rarm, 2	Of. (City o	or town)	246	(Co	ounly)		(Stote)
ACT SIGN	I certify 1) ve an (UAL NATURE (SICIAN'S ME (Type)	AURICALIA	ed the dec P	eased from	ord that dec	M.D.	19 6, to red at 8.4 6801	PIN		the cous	es an	d an the			deceased ed abave
Buff	RIAL, CREMATIC	Sept	4 -	9 Du	ME OF CEMETER Laney V					on (City, 10		county) unty	, Ma	ryl	
	eral director		Inc.To	owson,	mess Marylai	nd		REC'D BY				RAR'S SIGI			
													-		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. by the haspital or attending physician.
TOR: After this certificate has been signed by the attending physician and campletely filled in le detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and TO FUNERAL D VS A15 (4) 15M 9/SS

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	THE PERSON NO. 1	are be trained in an an analysis, a property of
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	M. W. C. VI	
	2000 000	tarmen
.ava menaeti	TO THE STATE OF TH	
31/10	3/1-2010/07/11/7/2017	

20g. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year

Haur a. m

p. m

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) No injury

20d. INJURY OCCURRED While Nat while of work of work 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) factory, street, affice bldg., etc.)

Box 188

(Caunty)

26, 1958, to Sept 27 1959 that I last sow the deceased 21. I certify that I oftended the deceased from 2007 ond that death occurred at A.M. fram the causes and on the date stated above. ADDRESS (Street, city ar tawn, state) DATE SIGNED

SIGNATURE NAME (Type) Edward J. Mathews. M.D.

220. BURIAL, CREMATION, 226. DATE THEREOF

Owings Mills 22c. NAME OF CEMBRERY OR CREMATORY

22d. LOCATION (City, tayn, ar caunty)

(State)

(State)

240. REC'D BY REGISTRAR DATEP

Rosewood State Training

24b. RESISTRAR'S SIGNATU Orthur Of

cample paper oug carbon physici remove attending d signed per burial-transit has been pria should ā page 0

I director, filed with

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VS A15 (4) 15M 9/58

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	业 违法 所知	OEK III IO	AIL OI DEAII		Reg. Dist.	No.
o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Mary 1		institution: Residence	
b. CITY OR TOWN RURAL and give	(If outside carporate limits, wr nearest town) 	c. LENGTH OF STAY IN 16 24 yrs		sutside corporate limits. B. Dundal	_	e nearest town)
d. NAME OF HOSP ROSINSTITUTION ROSINGEN	ITAL (If not in hospital, give st	ide Drive	d. STREET ADDRESS	ide Drive		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Raymond	Henry	Voge 1	4. DATE OF DEATH SE	Month pt. 2	23 Yeor 19 59
5. SEX Male	[White	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH Fob. 11, 1	9. AGE (In lost birth		YEAR IF UNDER 24 HR
on USUAL OCCUPAT	rking life even if retired)	10b. KIND OF BUSINESS OR INDI Beth. Steel (OF WHAT COUNT
13. FATHER'S NAME Gusts	v Vegel		14. MOTHER'S MAIDEN N		n	
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 6213-07-5422	Mrs. Henrie	tta Vegel	Address 102 Baj	side Dr.
PART I. DE 4 20 . I Canditians, if gave rise to cause (a), stating lying cause last	the under-	Lyperteus.	Oceho.	-UMS-1) Isenie	114k
200, ACCIDENT W	NONE	NS CONTRIBUTING TO DEATH BU				PERFORMED?
O (IF EITHER, NOTIF	RY Month, Day, Year 20	od. INJUR OCCURRED 296. Phile work of work	LACE/OF INTURY (Hame, form	20f. (City or town)	(Cou	inty) (State
alive on_7	hat I attended the dec	1	10 X ==		uses and an the	date stated abo
ACTUAL SIGNATURE	11/20	000	M.D. 9 0 0 ()	11-1-0-1-1-1	7000	
PHYSICIAN'S NAME (Type)	Melvin B. Da	AVIS M.D.	Dur-	Laur-7	17 mw	9/24

runeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital ar attending physician.

D FUNERAL DI

OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld ze detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERAL DI Page 3 shauld ze TO HOSPITAL OR VS A15 (4) 15M 10/57

AT MANY MY WITH BIT SHONE THAN	ANTIAGH TO THEMSTATE STATE SMALT TAG
	HTANG TO STANFIELD CERTIFICATE OF DEATH
A hor tunent a selection	District Control of the Control of t
a year lorgery that by.	
At an action of	
	Control of the state of the sta
	Cie V. Fails Park view by 32, Yes

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10020

CERTIFICATE OF DEATH

10014

	T0000	CERTITION	ALL OF BEATIN		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	nre deceased lived. If in b. COI	LINITY	before admission) cimore
RURAL and give n	(If autside corporate limits, write learest tawn) Sterstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, w	rite RURAL and give	nearest town)
	TAL (If not in hospital, give street	address)	d. STREET ADDRESS	n Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Samuel First	Joseph V	lost Tondersmith	4. DATE OF DEATHSepte	Month mber	Doy Yeor 17 19 50
s. sex	6. COLOR OR RACE 7. MAR WIDOW	LIEU LI TREVEN MARKIEU LI	8. DATE OF BIRTH NOV 19 1873	9. AGE (In lost birth	years doy) Months Do	YEAR IF UNDER 24 HE
during most of wor Mechan:	ON (Give kind of work dane 10b tking life, even if retired) LC B	. KIND OF BUSINESS OR INDU			USA	N OF WHAT COUNT
13. FATHER'S NAME Dan	iel S Vonders	mith	Maria Lou		ene	
	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	I J Vondersm		Address terstown	n Mđ
Canditions, if a gave rise to cause (o), stoting lying cause lost.	immediate DUE TO	specten.	rion-a	rlesiona	erosis	8 mo
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	VAL DISEASE CONDITIO	N GIVEN IN PART 1	(a) 19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	ort I or Port II af item 1	B.)	
20c. TIME OF INJU Haur a. m. p. m.	1 While	1/1 1-	LACE OF INJURY (Home, form, portory, street, office bldg., etc.)	20f. (City or town)	/(Cov	enty) (Slat
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Tames c.	sed from / - / - Jaffell Affell Affel	-399, to 1 h occurred at 10 K	M, from the cou ADDRESS (Skeet, city or Coloress (Skeet, city or Colores)	ses and on the	dote stoted obc DATE SIG
	ON, 226. DATE THEREOF Sept 21 19	7/	own Meth Ce		rstown	Md (State)
23. FUNERAL DIRECTOR	r's signature	Reisterst	own Md	8Y REGISTRAR 24b.	REGISTRAR'S SIGN	

DATE SEP 2 2 '59

Crima & Fires

funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld **Zectoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR VS A1S (4) 15M 9/55

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death.

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		A STATE OF THE STA	THE ROLL OF		

MARYLAND STATE DEPART

	2. USUAL RESIDENCE (W	here decease	ed lived. If institution	Reg. Dist.	-	lmission)
	o. STATE Marylan	d	b. COUNTY	C	alto	
	c. CITY OR TOWN (IF 6		orate limits, write R	URAL and giv	re nearest	town)
	d. STREET ADDRESS	rd Av	enue		0	RESIDENCE N A FARM?
	WACNER	4. DATE OF DEATH	Septemb		20 Day	Year 19 59
3	october 14,18	392	9. AGE (In years lest birthday) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
DUS	TRY 11. BIRTHPLACE (State				_	AT COUNTRY?
	Baltimore,	Mary	land	U.	S.A.	
	14. MOTHER'S MAIDEN					
	Laura Smith	1				
)1:)S:	in. Records, V	AH, Ba	1to.18,Md	l. Fort		ard Div
3		à			UNK	NOWN
RITI	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	FN IN PART I	(a) 19 W	'AS AUTOPSY
, , ,	NOT KEDYTED TO THE TERM	IIIAL DIGEN	32 00,1011 011		PE	RFORMED?
	. (Enter nature of injury in	Part I or Pa	art II of item 18.)			
RRED			ly or town)	(Co	unty)	(State)
PLA	CE OF INJURY (Hame, farm ory, street, affice bldg., etc		,,			

22d. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

24b. REGISTRAR'S SIGNATURE arthur & Krana

MITZKE Funeral Home, 4101 Edmondson Ave., Balto. MdoATE SEP 2 2 '59

VS A15 (4) 15M 9/5B

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Luriel Balthone Margarite Constant Cons

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10039 CERTIFICATE OF DEATH

2000	Neg. 2131, 110.
1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) COCKEYS VILLE 10 YEARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-14
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MASONIC HOME	d. STREET ADDRESS 2825 MAUDLIN AVE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) PNNIE ESTELLE	WAIN 4. DATE Month Doy Yeor OF DEATH SEPT 11 1959.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8-22-1873 9. AGE (In yeors lost birthdoy) 8-22-1873 9. AGE (In yeors lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) HOUSEWIFE	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S.
GEORGE E BASFORD	14. MOTHER'S MAIDEN NAME MAURA WREN
	Month & Dmith & - Cockeywills, M
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)	Siserie - Diabeter 9 years
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
Zoc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ACTUAL SIGNATURE fruits Telles	accurred at 12:53 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) PATE SIGNED M.D. Cockeywelle, Md. 9/11/59
NAME (Type) Walter T. Kees 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Cockeysville, Md R CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL (Specify) 9-14-59 Lorraine Cer	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
William Cook, Inc., 1217 St. Paul Stre	eet DATE SEP 15'59 Citing & Kraus

P. Little		CERTIFICA	ecens	
		phagathan		THE STREET
JERN SUA VIII	Swin Salar			N- 454
	made Services			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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10040

CERTIFICATE OF DEATH

Reg.	Dist	No

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
-	Baltimore County MARYLAND	o. STATE District of Columbia
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Towson 5Yrs.11Mos.27	Thas. Washington 47×-3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
3	THE SHEPPARD AND ENOCH PRATT HOSPITAL	1520 Buchanan Street, N. W. ON A FARM? YES NOX
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year
	(Type or print) Frank A.	Walker DEATH September 14 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the state of the stat
	Male White WIDOWED DIVORCED	Oct. 7, 1872 86 yrs.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Government Employee	Illinois U. S. A.
/	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James Vernon Walker	Susan Matilda Werninger
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) 1 (If yes, give wor or dates of service)	INFORMANT Address
	No No	Hospital Records
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
		A CALCET AND DEATH
	422. I IMMEDIATE CAUSE (o) Chrome W	arterio elevoris 7 yr +
	Contraction of the second of t	2.75
	Conditions, if any, which gove rise to immediate (b)	aneno octerous (yo +
	couse (o), stoting the under.	
	Z lying couse last. (c)	
0	BANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?
		- To cerebral areno ocherom YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
	Hour o.m. p. m. 19 While Not while for work of work	actory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Sept	17, 1953 to Selet 14, 1959 that I last saw the deceased
	alive an 30 11 12 19, and that death	accurred at 23 JPM, from the causes and an the date stated above.
	ACTUAL MASO	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE LEGIC	M.D. September 14, 1959
1	PHYSICIAN'S W W THE CAR OF TO	Mhe Chemand and Fresh Best Hamital
	NAME (Type) W. W. Elgin, M. D.	The Sheppard and Enoch Pratt Hospital
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Cremeles 19113, 1959 Allo C	regnaley Wash, D.C.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	7. V- News Wash Wic.	DATESEP 17'59 Civiling & Kinus
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may be retained to the hospital or attending physician.

O FUNERAL DIR DR: After this certificate has been signed by the attending physician and campletely filled in by fineral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours offer deeth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retaine TO FUNERAL DIR VS A15 (4) 1SM 10/57

THE PARTY OF THE P .4 .4 . the company of the second of t E 122 THERESE STEEL AN that is a second of the second

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10019

CERTIFICATE OF DEATH

10041	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimore MARYLAND	STATE MARYIAND COUNTY BINITIADORI-6
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest fown)
TOWN Mt. WILSON (In this place)	TOWN PURAL NEAR WOODLAWN
HOSPITAL OR	STREET (II rurel give location)
STREET ADDRESS Mt. Wilson State Hospital	ADDRESS 6912 WINDSOR MILLRY
3. NAME OF (First) (Middla)	(Last) 4. DATE (Month) (Day) (Yaar)
(Type or Print) // CDOPLE	WALL DEATH SUST 10 1959
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	
MILE WHITE (Specily) DIVURCED	126/18 40 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) AMIZULANCE DRIVER	NEW JERSEX 115A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LESLIE MINL SR.	BESSIE DEPEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Hospital Records
(Yes, no, or unk.) (II Yes, give wer or dates of service) 2/7-03-26)	Mt. Wilson State Hospital
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
	ONSET AND DEATH
OODX IMMEDIATE CAUSE (A) <u>FUI-MONNRY</u>	TUBSER CULOSIS 6 years
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, Jectory,	YES NO NEW NO.
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work et work	18 6/2 6
	19 19 that I last saw the deceased
alive on	
I A M	ADDRESS (Street, city, town, state) DATE SIGNED
23. BURIAL, CREMATION. DATE THEREOF NAME OF COMPTERY OR	CREMATORY LOCATION (City, town, or county) (Stete)
REMOVAL (SPECIFY)	
	ge Cemetery Baltimore , Maryland
24. REC'D BY REGISTRAR SEP 1 4 159 REGISTRAR'S SIGNATURE Conclud S. Thomas	HINERAL DIRECTOR S'SIGNATURE ADDRESS ADDRESS
DATE SEP 14 33	Ellsworth Armacost-4600 Liberty Hghts. A

ST TEST STATE DEPARTMENT OF PEALTH-SALTH-SALTHOUSE IS THE REAL PROPERTY. CERTIFICATE OF DEATH GREAT CRAME Latte of Sand march at the charge Ser Curross a mouse of months of the HER INCOMED AND SOME THE Engineering averages to valence with the series of the ser

23. FUNERAL DIRECTOR'S SIGNATURE

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		100	42	CERTIFIC	AIL	OF DEATH			Reg. Dist. No	
	LACE OF DEATH	altimore		MARYLAND	0	UAL RESIDENCE (WI STATE Marj	yland	d lived. If instituti b. COUNTY		
ŧ	Catons	foutside corporate limi arest town) Ville	ts, write	c. LENGTH OF STAY IN 18	55	CITY OR TOWN (IF			RURAL ond give ne	
	OR INSTITUTION	AL (If not in hospital, g		oddress)	/ d.	STREET ADDRESS	, Hall		ADISEAU	e. IS RESIDENCE
	AME OF DECEASED Type or print)	Fir Mar	garet	Middle E.		losi Walter	4. DATE OF DEATH	Mar	oth D	oy Year 2 19 59
5. S	ex Cemale	6. COLOR OR RACE White	7. MARE	NEVER MARRIED DIVORCED	Ja:	of Birth n. 28, 187	76	9. AGE (In years last birthday) 83 yrs.	Months Days	Haurs Min
10a.	USUAL OCCUPATIO during most of work housewit FATHER'S NAME	N (Give kind af work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11	Mary	or foreign c Land NAME	ountry)		A.
{Yes.		BUYK R IN U. S. ARMED FOR If yes, give wor or dates of s			. INFORM			Add		ም ለፕ.
CATION	52/X Conditions, if on gove rise to in couse (a), stating the lying couse last.	he under-		Ilmonary abscrite brain of contributing to death B	chopn disea	eumonia se	NAL DISEAS	E CONDITION GIV		19. WAS AUTOPS PERFORMED? YES [20] NO F
MEDICAL CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR		nature of injury in I		t II af item 18.)	(County)	
	Hour o.m. p.m.	19 at I attended the	While of work	Nat while at work [foctory, str	1959 , to Se	ept. 2	19 5	2,that I last s	aw the deced
	alive an	Steffa.		-252, and that dea achser	th occui		OM, from	n the causes of treet, city or town,	and on the do	pate stated abo
	PHYSICIAN'S NAME (Type)	Stella Wa	chs le			Catonsvil				
220.	BURIAL, CREMATION REMOVAL (Specify)	9-5-	9	22c. NAME OF CEMETERY	OR CREM	ATORY Cens -	22d. LOCA	TIONLYCITY, town, o	or county)	(Stote)

24a. REC'D BY REGISTRAR

SEP

Home Catararde he

24b. REGISTRAR'S SIGNATURE

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Poges I and prior may be retaine TO FUNERAL DI poge 3 should

VS A15 (4) 15M 10/57

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	College of the estimates		
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William Report	Parameter Action		
	m, 20, 18th		
Market State of			
The property of the Parket	AT SET A TOTAL BORNE	ers with the Cole	
44-12 (1900) (1900)			
	F. A. LEVENINE		
A September 1997			
	MC TON Specifical		STATE OF

M

necessary, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the case, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be added to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Become its designated agent, priar to burial, crematian, ar removal, and in any every within 2 hours after death.

VS. A15ME 5M 2/57 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10021

Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
BALIO, MARYLAND	O. STATE MO. B. COUNTY BALTO
b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest town]	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
ESSEX	54 ESSEX
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/d. STREET ADDRESS e. 15 RESIDENCE
805 WOODROW AVE,	805 WOODROW AVE YES NO
3. NAME OF DECEASED I First AUGUSTA	4. DATE Month Doy Year
(Type or print) WALTERS. HAA	DESTA DEATH 9 - / 19 59
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (in years IF UNDER 1YEAR IF UNDER 24 Hp5.
FEMALE WHITE WIDOWED & DIVORCED	8-10-99 Lo La yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR	
during most of working life, even if refired) HOUSE - KEEPER NONE	RAITA MA 11CA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? WILKINSON	UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	JEORMANT Address
[Yes, no, or unknown] [If yes, give wor or dates at service] 218-14-99-3	SAME AS
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	TELLA SIMIMONS ABOVE
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
H20 IMMEDIATE CAUSE (0) COKONIFYCY	Oceanin -
DUE TO	
Conditions, if ony, which gove rise to immediate couse (b)	
(o), stoting the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 CIRNHOSIS OF LIVE	
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D	nter noture of injury in Port I or Port II of Hem 18.)
E PRIMARY or CONTRIBUTING X CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLAS	SE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
Hour o. m. P. m. 19 of work of work	ry, street, office bldg., etc.)
21. I certify that I taok charge of the remains described above	ve held an Autoney D. Jaccestics ID Law in ID
apinian death resulted fram: Natural causes 4. Accident	, Suicide, Homicide, Undetermined manner
ACTUAL M/3 A-111	DATE SIGNED
SIGNATURE / / / / / / / / / / / / / / / / / / /	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S M. B. DAVIS	ASSISTANT MEDICAL EXAMINER D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 9-5-59 OAK LAW	N CEM BALTO MD
23. FUNJERAL, DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John G. Connelly 418 Eustern	Blist DATE SEP 2 2 '59 Orthur & Kings

Two for One. FilmG249 9-24-59 et

MEDICAL EXAMINERS CERTIFICATE OF QUATE

essary, please ctar. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the case, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral clar. Page 4 should be by arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to our files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baurd of Health, ar its designated agent, priar to burial, cremotian, ar removal, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Re	g. Dist. No.
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If institution:	Residence befare admission)
Baltimore	MARYLAND	o. STATE Md.	b. COUNTY E	Baltimore
b. CITY OR TOWN (II outside corporate limits, write RURAL and give necrest lown)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corporate limits, write RURA	L and give nearest town)
Rural Lutherville		Rural L	utherville	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE
		Ridgeway	Road	YES NO
3. NAME OF DECEASED (Type or print) Weltie Edward	Middle ard V	Warner	4. DATE Month OF DEATH September	Doy Year 23 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED [B.	DATE OF BIRTH	Louis British day 5	NDER TYEAR IF UNDER 24 HRS
Male White WIDOWED	DIVORCED D	ecember 28	,1892 66 yrs. Man	ths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND C	OF BUSINESS OR INDUSTRY	Mayber to the first terminal and the second	1	. CITIZEN OF WHAT COUNTR
during most of working life, even if retired) Paper Route Sun	papers	Marylan	d	U.S.A.
13. FATHER'S NAME	<u> </u>	14. MOTHER'S MAIDEN N.		
Effran Warner		Sarah Ma	argaret Weave	er
	AL SECURITY NO. 17. INF			therville, Mo
No None 212	-32-4298 M	rs. France	s Warner, Ridge	
18. CAUSE OF DEATH [Enter only one couse per line for (a)), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPO	nary Arter	y Disease		2 yrs.
420.1 DUE TO 1				
Conditions, if ony, which) (b)				
gove rise to immediate cause (a), stating the underlying DUE TO				
cause tast.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE **DONE** 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. **DONE** **DONE** **PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE HOW CONTRIBUTING CAUSE OF DEATH.	SUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW	V INJURY OCCURRED. (Ent	ter nature of injury in Port	f or Part II of item 18.)	
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	none			
		OF INJURY (Home, form,	20f. (City or town)	(Caunty) (State)
Hour o. m. none While of work	Not while none	E OF INJURY (Home, form, y, street, office bldg., etc.)		
21. I certify that I took charge of the remo		e. held an Autopsy	Inspection [7] In	quiry X, and in my
opinion deoth resulted from: Notural couse		_	Iomicide, Undetermin	, 1
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ACTUAL SIGNATURE D. D. Ceaples		M.D. CHIEF MEDICAL EXA	Name .	
EXAMINER'S D. D. Caples, M.	D	ASSISTANT MEDICAL E		9-25-59
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. 1	NAME OF CEMETERY OR C		22d. LOCATION (City, town, ar cou	nty) (Stale)
Burial Sept. 26.1959	Druid Ridge	e gemetery	Pikesville	8. Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRES9	249. REC'D	BY REGISTRAR 24b. REGISTRAR	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10046 **CERTIFICATE OF DEATH**

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PLACE OF DEATH O. COUNTY	Baltimore	Y	MARYLAN	0	sual residence (W. STATE Mary)		lived. If instituti b. COUNTY		before admission) more
b. CITY OR TOWN RURAL and give Woodl		ts, write	c. LENGTH OF STAY IN	1b c	CITY OR TOWN (IF		te limits, write R	URAL and give	nearest town)
d. NAME OF HOSP OR INSTITUTION				1	2008 Mos	har Aare	nue		e. IS RESIDENCE ON A FARM? YES NO
	2008 Mosb	-							
3. NAME OF DECEASED (Type or print)	ELIZABE		Middle ELEAN	VOR	WEIDMAI	4. DATE OF DEATH	Septen		26 1959
S. SEX	6. COLOR OR RACE		ED NEVER MARRIED				. AGE (In years lost birthday)	Months Do	EAR IF UNDER 24 HI
Female	White	WIDOWE		- 4101	. 14, 189		63 yrs.		
during most of wo Secretai	rking life, even if refired	done 10b. I	KIND OF BUSINESS OR IT	NDUSTRY	Maryland	or foreign cou	intry)	US.	N OF WHAT COUNTR
3. FATHER'S NAME	7			14.	MOTHER'S MAIDEN	NAME			
Ph	ilip Weidma	an			Elizabeth	Waller	nwine		
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFOR/	MANT		Add	ress	
No No	(If yes, give war ar dates of s		12-03-8879	Mari	e Barbara	Hisse	y-2008	Mosby	Ave.
	EATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	P	e far (a), (b), ond (c).]	c c	dema				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to couse (a), stating lying couse lost	immediate DUE TO	4115	ralysis	ag	tais (1	Parla	l'mon's)	
PART II. OT	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(9) 19. WAS AUTOPS PERFORMED? YES NO
	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Ent	er noture of injury in	Part I or Port	II of item 18.)		
20c. TIME OF INJU Haur a. m. p. m.	10	20d. IN While at wark	Nat while	e. PLACE O foctory,	F INJURY (Home, forn street, office bldg., etc	n, 20f. (City (or town)	(Cour	nty) (Sta
21. I certify to alive on 52.	al	decease , 195	ed fram Jan-		, 19 4 G , to S 1 urred at 4 ' S 1 1118 S	M, fram t		d an the d	saw the deceas late stated abov DATE SIGN
PHYSICIAN'S NAME (Type)	ve the	rb	ee F	018.					
200. BURIAL, CREMATI BEMOVAL (Specify BUT1AL)	9/29/195	59	22c. NAME OF CEMETER Loudon P				ON (City, town,		(Stote) ryland
23 FUMERAL DIRECTO	Armacost-	1600	ADDRESS	nts A		D BY REGISTR	AR 24b. REGI	STRAR'S SIGNA	ATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10048 Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY Maryland b. COUNTY Filed MARYLAND Baltimore uneral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) 0 Fort Howard 87 Davs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM 2009 Clifton Avenue N Veterans Administration Hospital YES NO þ C NAME OF 4. DATE First Middle filled September ARTHUR H. WHATEY DEATH Pages (Type ar print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lag bythdoy) Manths Days June 3,1890 Colored DIVORCED | Male WIDOWED | comple yrs. popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) U. S. A. Construction Salisbury, Maryland pue Laborer carbon ofterd 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ou Mary Wooden James Whaley physici move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address Division 16. SOCIAL SECURITY NO Clinical Records, VAH, Baltimore, Md. Fort Howards, 200-14-8425 Yes attending INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) PULMONARY ABSCESSES MULTIPLE, BILATERAL **DUE TO** INFARCTS, INFECTED MULTIPLE BILATERAL PULMONARY UNKNOWN Canditians, if any, which gned gave rise to immediate per DUE TO cause (a), stating the under-(c) MURAL THROMBOSIS, RIGHT AURICULAR APPENDAGE UNKNOWN lying couse last. burial-transit Arteriosclerotic Heart Disease, duration Unknown.

19. Was autopsy performed? Arteriosclerosis, marked, generalized, duration Unknown. has YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while p. m. at wark at work September 24,59XXXXXXX 21. I certify that attended the deceased fram June 29 and that death accurred at 7:35PM, from the causes and an the date stated above. TOR: ADDRESS (Street, city or town, state) ACTUAL VAH.BALTO. MD. FT. HOWARD DIVISION SIGNATURE P õ 3 should TO FUNERAL PHYSICIAN'S JOHN W. CRAWFORD, M.D. NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d, LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) poge REMOVAL (Specify) Sept.28. Baltimore National Cemetery Baltimore, Maryland Rumi al ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SEP 2 9 '59 arthug & Thank VS A1S (4) rlington S. Phillips 1808-10 . Monroe St. Balto J DATE 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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necessary, please over files. Boord of Health, M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the contact, withing the ward "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral man a should be to a standard Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		100	50						Reg. Di	st. No.		
		ore County		MARY	LAND	2. USUAL RESIDENCE (o. STATE Mary	_	ed lived. If institution b. COUNT	Υ		re odmis	
ŀ	ond give negrest town)	autside corporate limits, wri	e BURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corp	porote limits, write				
	Mt. Wi			7-8 hrs.		Clinton			16 x-	2		
•				pital, give street address	3)	d. STREET ADDRESS			-		e. IS RE	SIDENCE A FARM?
	Mt. Wils	on State H	ospita	I		Route 2, B	ox 345				-	NO 🗌
	NAME OF DECEASED (Type or print)	Fi He	n rv	Middle Ishme:	al	White	4. DATE OF DEATH	Mont	h	Doy		er SKO
5. 5	EX		-	D NEVER MARRIED		DATE OF BIRTH			IF UNDER	IYEAR		R 24 HRS.
	Male		WIDOWED			1/10/02		9. AGE (in years Jost birthday) 57 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO luring most of working Laborer	N (Give kind of work g life, even if retired)	done 10b. K	HO OF BUSINESS OR I	INDUSTI	U.S.A.	e or foreign c		12. CITI	ZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Lee Whi	te				Jeanette	e Payne					
15. Yes	WAS DECEASED EVE	R IN U. S. ARMED FC (If yes, give wor or dates of		SOCIAL SECURITY NO:		Wilson St	ate Hos	Address			ary]	land
	491 X Conditions, if on gove rise to immed (o), stating the u cause lost.	inderlying DUE TO		teral brond	cho-	pneumonia				1 -	AND DEA	
CERTIFICATION	PART II, OTH		IDITIONS CO			or related to the tera		E CONDITION GIV	VEN IN PART		WAS A PERFOR	UTOPSY RMED? NO
	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	None	N	one		iter noture of injury in Pa		of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	None 19	While of wo	Not while	facto	E OF INJURY (Home, for ry, street, office bldg., et	ε.)		(Cou	nly)		(Slole)
				emains described ouses X. Accid	-	re, held an Autap], Suicide [],	120				_	in my
	ACTUAL SIGNATURE	D. 2. C	gle			M.D. CHIEF MEDICAL E					DATE SI	GNED
	EXAMINER'S NAME (Type)	D.D. Capl	es, M.			DEPUTY MEDICAL					9/3/	59
	BURIAL, CREMATION REMOVAL (Specify) Burial		5 9	Bells M	RY OR	. Cometery	Com	FION (City, town.	ingo	n	(Slote	
23.	FUNERAL DIRECTOR"	Bros	16	61-bood	14	ELPASE DATE	P 8 '59		STRAR'S SIG	NATURE		

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) . COUNTY Baltimore o. STATE b. COUNTY MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Halethorpe Halethorpe 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? Selma Ave Selma Ave dire files. YES NO delay registrar NAME OF funeral DATE Middle Lost for your Month Year DECEASED Randal 1 White S (Type or print) any DEATH E019 9-26-50 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years the the 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. 2 with th Male White last birthday) Months Days Hours WIDOWED T DIVORCED T 3 10 YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN_OF WHAT COUNTRY? during most of working life, even if retired) puo U.S. Army imberlan .S A , ofter 2, ond ond pe Give Pages 1, 2, 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME executed within 24 hours White poges Ira Carrie / Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. File 07 P.M.3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: with form in Item 1 IMMEDIATE CAUSE (o) Coronary buriol-tronsit **DUE TO** Conditions, if any, which Dencil olong gove rise to immediate couse should DUE TO (o), stoting the underlying couse lost. 2 0 Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20 pending PERFORMED? used YES 🗍 NO M CERTIFI 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pe CAUSE OF DEATH. **EXAMINER: This** Exami 3 should the ward WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) writing the w factory, street, office bldg., etc. While g. m. Not while p. m. of work of work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry . and find that death resulted from: Natural causes Accident Suicide . Homicide . Undetermined cause ECTOF S MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE cute the cer forwarded ASSISTANT MEDICAL EXAMINER Geo. S. M. Kieffer **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER SEpt. 28-1959 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Buria Baltimore Nat'l Cem. Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SEP 3 0 '59 Dodillat & thouse Hubbard Funeral Home, 4107 Wilkins Ave 5M 9/55 Balto.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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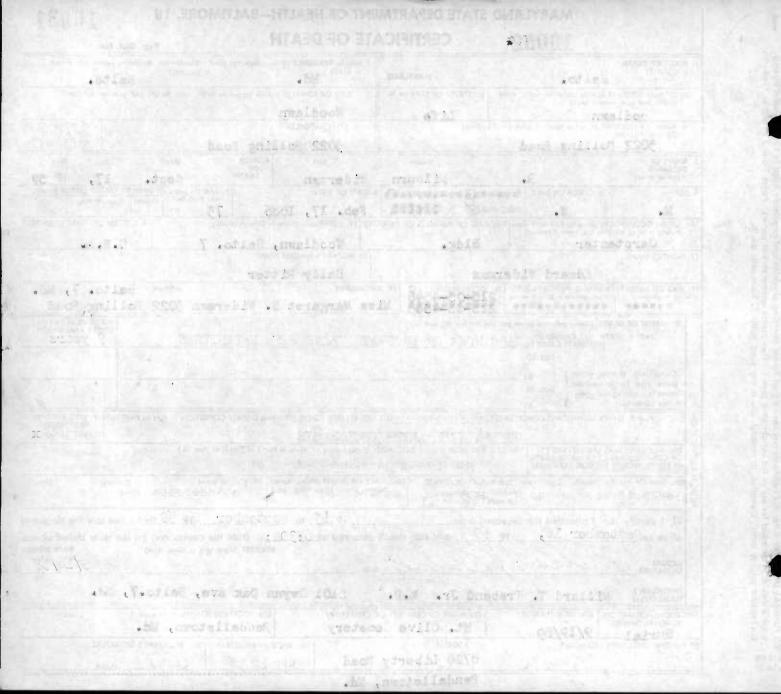
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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10052 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Balto. MARYLAND Balton b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Woodlawn Woodlawn Li fa d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3022 Rolling Road YES NO 3022 Rolling Road NAME OF First Middle 4. DATE Yeor DECEASED DEATH (Type or print) R. Milburn Sept. Widerman 19 9. AGE (In years lost birthday) THE MARRISON IN MICHAGONA ARRIES THE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE Months Days Hours WIDOWED [1] Pab. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Carptenter Bldg. Woodlawn, Balto, 7 U-S-A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Widerman Sally Ritter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 1914. no. or unknown) | 1 (If yes, give wor or dates of service) | 215-05-44-548 17 INFORMANT Address Balto. 7. Md. Miss Margaret E. Widerman 3022 Rolling Road 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: H WAS CAUSED 8Y: IMMEDIATE CAUSE (6) CARCINOMA OF PROSTATE GLAND WITH METASTESES vears DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE GENERALIZED ARTERIOSCLEROSIS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) scafactors street, office bldg., etc.) While A SANDER Hile of work **** p. m. 21. I certify that I attended the deceased from 19 19 19, to September 19 59 that I last saw the deceased glive on September 16. and that death occurred at 6:30A:M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S 5101 Gwynn Oak Ave, Balto.7, Md. Millard T. Traband Jr. NAME (Type 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Randallstown, Md. Mt. Olive Cemetery 9/19/59 Burial FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 8728 Liberty Road DATE FP 2 2 '59 arthur & Kraus

Randallstown, Md.



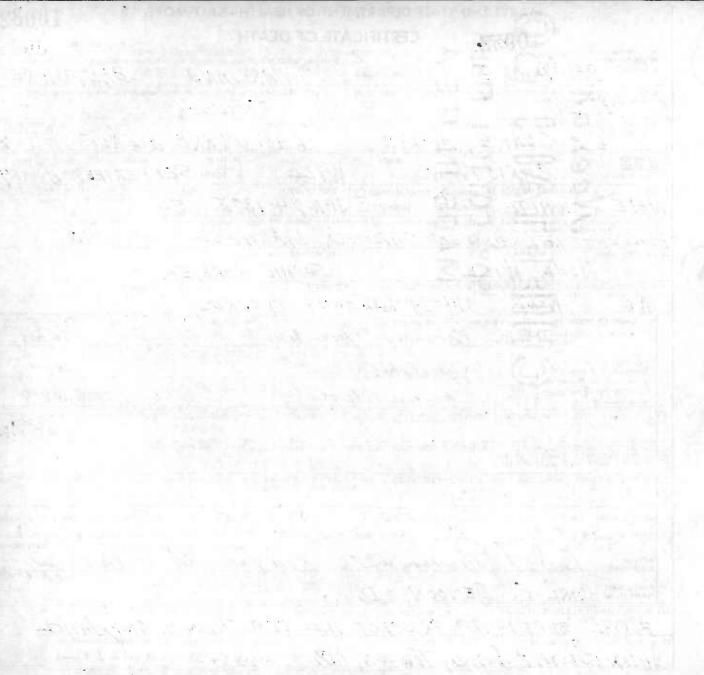
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg.	Dist.	No.

10053	CERTIFI	CATE OF DEATH Reg. D	ist. No.
o. COUNTY BALTIMORE	MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE NARYLAND b. COUNTY BA	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and 55 10WSON	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION W. BVR/TE	dress) AVENUE	6 W. BURKE AVENU	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHRISTIM	9N Middle	WILL 4. DATE OF DEATH SEPTEME	Day Year YER 11, 1959
MALE WHITE WIDOWED		JAN. 24, 1875 84 yrs. Months	R 1 YEAR IF UNDER 24 ARS. Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDER - KETIRED SE	MANA	YED MARYLAND	IZEN OF WHAT COUNTRY?
JOHN WILL		SOPHIE GARMER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no or junknown) (If yes, give, wor or dages of service) 2/4	7 -34 -1602	FAMILY RECORDS	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	Throm poses	INTERVAL BETWEEN ONSET AND DEATH
260 X DUE TO Conditions, if ony, which (b)	Diabetes		10 kes
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u>	Arteriose	leiosis	10 yes.
CATIC	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	8E HOW INJURY OCCU	URRED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While p. m. 19 of work [Not while	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)
21. I certify that I attended the deceased alive an Sant. 11		eath accurred at 10 2 M, from the causes and on the	ast saw the deceased
ACTUAL SIGNATURE PART TO SE	usa wi	ADDRESS (Street city or town, stote) M.D. 5111 York Id Balto	DATE SIGNED
PHYSICIAN'S CARL F. BEN	150N, MD	<u> </u>	יודי די אות שב
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) SEPT. 14, 1959	PROSPEC	RY OR CREMATORY THILL CEM. TOWSON, MAKK	land (Stote)
23. EUNERAL DIRECTOR & SIGNATURE SOM SUMME SOM	JOW SON	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S S DATE SEP 1 4 '59 Continue S	



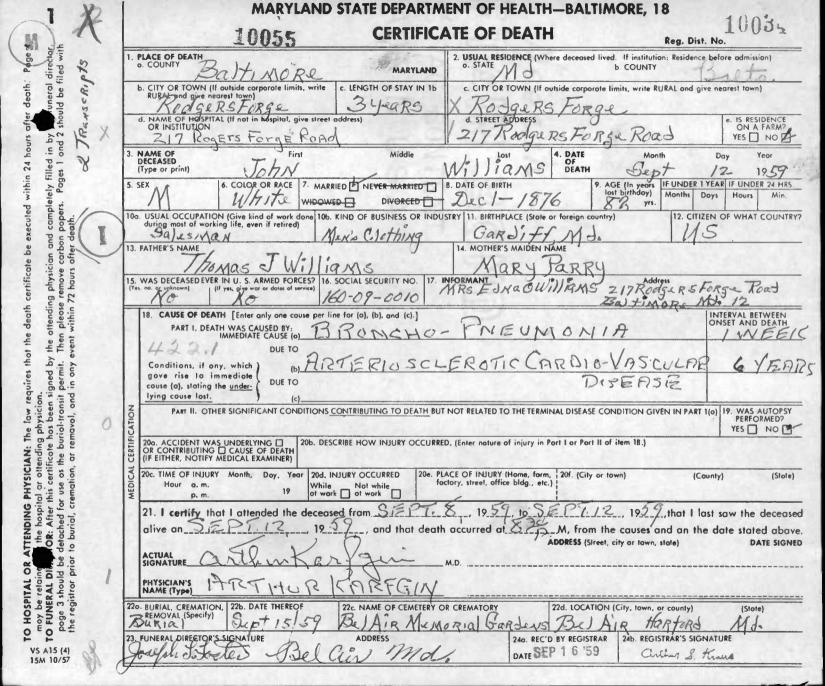
10054

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

	7000	4 CERT	IICAII	. OI DEAT	•		Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY Bal	timore	MARY	LAND 2.	JSUAL RESIDENCE (W	_	l lived. If institution b. COUNTY	on: Residence before Baltimo	re admission)
b. CITY OR TOWN (III RURAL ond give ne Cockey	4 9 9	rite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		rate limits, write R	URAL ond give ne	arest town)
d. NAME OF HOSPITA	AL (If not in hospital, give s arren Rd.		/	d. STREET ADDRESS Warren R				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Jesse Nic	Middle kles Willi		Last	4. DATE OF DEATH	Mon	th 9-12-59	
5. SEX		MARRIED NEVER MARRI		TE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	
male		DOWED TO DIVORCE		15-1877		82 yrs.	Months Days	Hours Min
Oa. USUAL OCCUPATIO	ing life, even if retired)	10ь. KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (Stote		ountry)	U.S.	F WHAT COUNTE
13. FATHER'S NAME		Tallivau	14	MOTHER'S MAIDEN			000	
Jake W	Illiams		181	????	S	tauffer		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES?		. INFOR			Add		
(Yes, no, or unknown)	If yes, give wor or dates of service)	777	Mrs	H. Bens	on Ba	reham,	abo	ve
	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	per line for (a), (b), and (c). Vileriosel 1011	Pori	2 Heart	- Die	pasa		ERVAL BETWEEN SET AND DEATH
gove rise to in couse (o), stating t lying cause lost.	nmediate (DUE TO	arcinoul	a St	rwache	- Live	n meta	stasas	le 240
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	er significant condition	ONS <u>CONTRIBUTING TO DE</u>	ATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	'EN IN PART 1(o)	PERFORMED?
	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Er	iter noture of injury in	Port I or Part	II of item 1B.)		
20c. TIME OF INJURY Hour o. m. p. m.	V	20d. INJURY OCCURRED While Not while t work at work	20e. PLACE (factory,	OF INJURY (Home, far street, office bldg., et	rm, 20f. (City	or town)	(County)	(Sto
21. I certify the alive an	at I attended the dec		death acc	, 1954, ta Surred at 3:30,				
PHYSICIAN'S NAME (Type)	Robt. H.	Siver		Brote	mare	,18.	946.	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	9-14-59	22c. NAME OF CEM Jessops				TON (City, town, our Res. Mc		(Stote)
23. FUNERAL DIRECTOR'S Brooks Full		ADDRESS ce, Towson	4, Md		P 1 5 '59		STRAR'S SIGNATU	



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		24 - A	, C-q.
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9-12-51-9		ettil sele	ik ensel C
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A.A.R.	Heigland	o confirm	мателиаты
4017	1628 State		Jake Hilliams
	rd. H. Benson barch		97
(Aug 15		tavis.	No. On New Address
.ex	rensus verbooks	Marozael.	22-41-8 Talent
	Mary Land	es, Tourson +	rodin Runeugl Serv



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and the second of the second				

10035

CERTIFICATE OF DEATH

	10026		CERTIFIC	AI	E OF DEAT	П		Reg. Dist.	No.	
PLACE OF DEATH O. COUNTY BALT	IMORE		MARYLAND		USUAL RESIDENCE (WO. STATE		lived. If institution b. COUNTY	n: Residence	before (odmission)
b. CITY OR TOWN (I RURAL ond give no	If outside corporate limits, earest town)	write c	LENGTH OF STAY IN 1E		c. CITY OR TOWN (IF	outside corpor	ote limits, write RU	RAL and give	e neares	it town)
FORT HOWAL	R D		82 DAYS		BALTIMORE		31	101-	4	
OR INSTITUTION	TAL (If not in hospital, given DMTNTSTRATIO				d. STREET ADDRESS 2016 ORLE	ANS STE	RET		100	IS RESIDENCE ON A FARM 'ES \ NO
NAME OF	First		Middle		Lost	4. DATE	Month		Day	Year
(Type or print)	RICI	HARD			WILLTAMS	OF DEATH	SEPTEM	VEER	70	19 5
SEX	,		NEVER MARRIED	_	ATE OF BIRTH		9. AGE (In years	FUNDER 1	The same of the sa	UNDER 24 H
MALE	COLORED	VIDOWED	DIVORCED	J.T	ULY 4 188	8	lost birthdoy) 73 yrs.	Months Do	oys h	lours Min
a. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b. KII	ND OF BUSINESS OR INC	USTRY			untry)	12. CITIZE	N OF W	HATCOUNT
TRACKMAN	king life, even if retired)	P	ATTROAD		COLLINGTO	NI MADV	TAND .	77	I.S.	
. FATHER'S NAME		1		1.	. MOTHER'S MAIDEN			U	la Cad	1.0
THOMAS LIT	TTTAME									
THOMAS WI	R IN U. S. ARMED FORCE	S? 16, SC	OCIAL SECURITY NO.	INFO	MARIA TY	T-PAT	Addre	ess		
es, no, or unknown)	(If yes, give war or dates of serv	ice)				A 900 C 770 C			Ft.	Howa
YES	WW-1			TTM	REC VET	AUM_HUS	P BALTIMO	DRE MU	Dia	rision
	ATH [Enter only one cous	e per line	for (o), (b), and (c).]						ONSET	AND DEAT
PART I. DEA	TH WAS CAUSED BY:	CHTE	HEART FAILU	RE.					7.	1/2 UP
150 X	DUE TO									L/ 1100
7007		7277770	OMITOD ATT					3 3 3		The second
Conditions, if o	ny, which (b)	MEUM	OTHORAX						5 1	DAYS
couse (o), stoting	L DUE TO	2000								
lying couse lost.	(c) 1	SOPH	AGEAL RESECT	ION	FOR CARCI	NOMA OF	ESOPHAGI	JS	13	TEAR
PART II. OTH	HER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TERA	MINAL DISEASE	CONDITION GIVE	N IN PART 1	(o) 19.	WAS AUTOP
										ES NO
PART II. OTH	AS UNDERLYING 1 20	Db. DESCRI	IBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	n Port I or Port	II of item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER									
	,	Tan 1 10 11	200	DI A CE	OF IN HURY (II.	001 101		4.0		101
20c. TIME OF INJUR Hour o. m. p. m.		While			OF INJURY (Home, for , street, office bldg., e		or town)	(Cou	unty)	(Sto
p. m.	19		ot work							
21 Leartifu th	Aattended the d	locograd	from June 20		10 50 10 50	entembe	n 10 10 FOW			L
SECURIOR SEC	000000000000000000000000000000000000000	2000	and that dea	th ac	curred at 6:15	AM, fram	the causes and	on the	date s	
1	100	1.	0/1,0			ADDRESS (St	reet, city or town, s	lote)		DATE SIGN
ACTUAL SIGNATURE	Janie /10	Sul (forD.	M.D.	VAH BALTI	MODE M	D-FT HOWA	דת חס	TTOT	יאהר י
310IVATORE	10	/		_ /41.D.	N-PUL-DIRECT	LEIGHT IN	DATE T - UCMN		VISI	
PHYSICIAN'S	ANIEL R. ZOI	T		M	TO ATT DAT MIT	TMODE M	E	חת מת	TTO-	9-19
		ur.		_MD	VAH BALT	Thouse W	D-FT HOMA	Kn nr	VISI	UN
 BURIAL, CREMATIC REMOVAL (Specify) 	N, 22b. DATE THEREOF	1	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCAT	ION (City, town, or	county)		(Stote)
BURIAL	17-23-	59 F	BALTIMORE NA	וחדיו	VAL CEMETER	TATE	TWORF MA	RYTANI	D	
. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	-401	240. REC	C'D BY REGIST	THE RESERVE THE PERSON NAMED IN	RAR'S SIGN		The same of
		1	200/ Orles	ns S	3t 8	EP 21 '5				
Trov O Wi	lean Funeral	Home	2004 Orlean	ns S	St DATE	EP 21 '5	9 61	End of The	Crass .	

Baltimore 31 Md

the haspital or attending physician.

CTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with death. Poge 4 TIENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers, the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

TO FUNERAL DIRE TO HOSPITAL O VS A15 (4) 15M 9/5B

Elroy O Wilson Funeral Home

CARTINICATION 28001 SCHOOL STATE STATE OF THE STATE TI ESSE BATTLE CALL CONTROL STATE GRADOUS BORDLANDS CASA TANK ALCY ALIMI Manager of the contract of the 10-1/2-1915 ALICATORUS S MARKET STREET OF THE RESIDENCE OF THE PARTY the color IV had been all the color IV had been and the color IV had been accorded the grade two has been as \$ 600 ft all and the grade grade account of MOTERVAL DELIKES TO DE SEES CHARLING THE DESCRIPTION OF THE PROPERTY OF THE PROPERT At manifed AKS was formers market, any and

VS A15 (4) 15M 9/58

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THE POST W. CRESTORN, M.D.

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VS A15 (4)

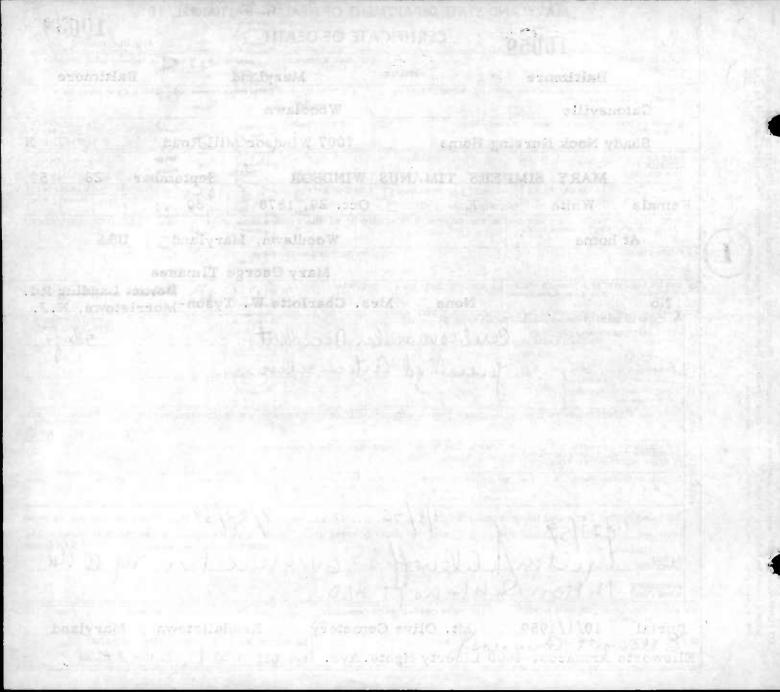
15M 9/5B

		1005	19	CERTIFIC	ATE OF D	DEATH		Reg. Dist. N	LOGO lo.)
	ACE OF DEATH COUNTY	Baltimore		MARYLAND	2. USUAL RESI	DENCE (Where decease Maryland	d lived. If institutio b. COUNTY		fore admission)
	RURAL and give no Caton	sville	,	ngth of Stay in 16		TOWN (If outside corpo	orate limits, write RL	JRAL and give n	learest town)	
d.	OR INSTITUTION	AL (If not in haspital, g			7007	Windsor M	fill Road		e. IS RESIDE ON A FA YES N	RM?
DI	AME OF ECEASED ype or print)	MARY SII		Middle TIMANUS	winds	OF	Mont Septem		Day Yea 28 19	59
5. SE	x emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years last birthday) 80 yrs.	Manths Days	-	Min.
10a.	USUAL OCCUPATION during most of work	ing life, even if retired	done 10b. KIND	OF BUSINESS OR INC		ACE (State or foreign o		12. CITIZEN	OF WHAT COL	INTRY
15. V	ATHER'S NAME	R IN U. S. ARMED FOR		L SECURITY NO.	14. MOTHER'S	MAIDEN NAME ary George	Timanu	s		n -1
	No	(If yes, give war or dates of s	N	one N	Irs. Char	rlotte W.	Tyson-Mc	IN	Wn, N. NTERVAL BETW NSET AND DE	J.
	Conditions, if an gove rise to it cause (o), stoting lying couse last.	mmediote Dus To	, que	ralized (liquos	selvos	>		30	
CATION	PART II. OTH	ier significant con	IDITIONS CONTRI	BUTING TO DEATH B	JT NOT RELATED TO	THETERMINAL DISEAS	SE CONDITION GIVE	EN IN PART 1(a)	19. WAS AUT PERFORM YES \ N	VED?
CERTIFI	20a. ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature o	f injury in Part I or Pa	rt II of item 1B.)			
MEDICAL	Oc. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While h		PLACE OF INJURY (factory, street, office	Hame, farm, e bldg., etc.)	y ar town)	(Count	у)	(State
	21. I certify the	at I attended the	deceased fro	1/	th accurred at		the causes and treet, city or town, s			bave
1	PHYSICIAN'S NAME (Type)	nilta 1. Hon	Schl	levoff	M.D. 64	10 Wi	uson	Me	eq Mu	
1	BURIAL, CREMATIO REMOVAL (Specify) Burial			NAME OF CEMETERY			TION (City, town, o	Ma	(State) ryland	
	lsworth	Armacost-	4600 Li	berty Hgh	ts.Ave.	240. REC'D BY REGIS		TRAR'S SIGNAT		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10038

g. Dist. No



VS A15 (4) 15M 10/57

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 P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10060 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

10039

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence	a before admission)
O. COUNTY BALTIMORE	MARYLAND	O. STATE MARY AND	BOT	HIMORE
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest taws)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate lin	nits, write RURAL and g	iva nearest town)
CATONSVILLE	36 hours	BALTIMORE	3 /	01-4
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION GROVE STATE	Hosp	122/W, Lombard	st.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mikol)	ZEPRESKO 4. DATE OF DEATH	SEPTEMBER	Day Year 6 1959
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		B. DATE OF BIRTH 9. AG lost		YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country)		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC [Yes, no. or unknown) [If yes, give war or dates of service]	n Kn 0 10 N	HOSPITHIS RE	Address Ed O B d S	
N A	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)		weeks		
_		state with regional m		?
PART II. OTHER SIGNIFICANT CONDITIONS CO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONI	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO [
	IBE HOW INJURY OCCURRE). (Enter natura of injury in Part I ar Part II of i	tem 18.)	
Hour o. m. While	URY OCCURRED 20e. PL/ Nat while fac	CE OF INJURY IHome, farm, 20f. (City or taw fory, street, affica bldg., etc.)	m) (C	ounty) (State)
21. I certify that I attended the deceased alive an 195		occurred at 10:35p M, fram the	causes and an th	
ACTUAL STELLA Was	chele_	A.D. Spring Gra	er St. Ho.	DATE SIGNED
PHYSICIAN'S STELLA NY	TUHSLEI	led		/ / /
Lunal 9/9/59	new Cathe	crematory Ceral Cen 4300	City, town, or county)	Moriok Rel
23. FUNERAL DIRECTOR'S SIGNATURE	Batto Me	240. REC'D BY REGISTRAR DATE SEP 8 '59	24b. REGISTRAR'S SIG	

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Item 18 Film 250 10-2MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT. director. Page Health, s necessary, TO DEPUT SDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any cape spease executions are seriously become as a spease execution of the function of the function of the continued of the function of the continued of the continue b. D (T 3. 5. S 10a. done 13. 15. (Yas MEDICAL CERTIFICATION 22a. 23.

VS. A15ME 5M 7/59

	0990 MED	ICAL EXAMINER	'S CERTIFICAT	E OF DEATH	10040
1. PLACE C a. COUNT	Baltimore	MARYLAN	2. USUAL RESIDEN a. STATE	CE (Whare dacaasad livad, If i b. COUN	Baltimore
Dunk	R TOWN (if outside corporate limits RURA) and give nearest town)	c. LENGTH OF STAY IN	100	lf outside corporete limits, write	RURAL and give nearest town)
d. NAME	OF HOSPITAL OR INSTITUTION (if	not in hospital, give street eddress)	d. STREET ADDRESS	ern Blvd.	ON A FARM? YES NO
3. NAME O DECEAS (Type or p	Peter Peter	ÄÄÄ Ziarnowski 🏖		4. DATE Month OF DEATH Sept.	Dey Year 26, 7 19 59
5. SEX	Wh	7. MARRIED NEVER MARRIED X WIDOWED DIVORCED	Apri. 29, 19:		IF UNDER 1 YEAR IF UNDER 24 HRS.
done during	OCCUPATION (Give kind of work most of working lifa, avan if retired	10b. KIND OF BUSINESS OR INDU	Baltimore	Maryland	USA
4	Alexander Ziarn		Antoinette		
	CEASED EVER IN U.S. ARMED FORCE (Inkown) (If yasgiva werordatesofse) WW 2	rvice)	7. INFORMANT Theodore Ziar	nowski-1005 V	W. Baltimore St.
Condition gave rises (a), stetic cause les	(c)_	Arteriosclero	otic heart di		INTERVAL BETWEEN ONSET AND DEATH
20a. EX PRIMARY		b. DESCRIBE HOW INJURY OCCURED			PERFORMED? YES NO [
0	AE OF INJURY Month, Day, Year our a.m. p.m. 19		PLACE OF INJURY (Homa, farm fectory, street, office bldg., etc.		(County) (State)
	resulted from: Batural cau	the remains described above, uses , Accident , S	CHIEF MEDICAL	Inspection , Inquired, , Inquired, , Undetermined materials , Inquired to the control of the con	
SIGNA EXAMI NAME	NER'S W. Bradle	y King, Jr., M/D.	DEPUTY MEDICAL Address (Streat,		Sept. 27, 1959
Buri	CREMATION, 22b. DATE THERECAL (Specify) a.1 1.0/2/195		ational Cem.	22d. LOCATION (City, lown, Baltimore 'D BY REGISTRAR 24b. REGI	Maryland STRAR'S SIGNATURE
Ellswo	rth Armacost-4	600 Liberty Heigh	hts Ave. DATE	OCT 5 2 '59	Circles & Fleans

Acres 10 Cab Sal Rante m Blvd. of grantist worth 2000-the worth at stoncard CALL AND ASSESSED terms JLC 18. The Detailed the Assistance of the Co. 61 7 8 CO

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10041 DOST MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
Parkton- Balto. Co. MARYLAND	o. STATE Maryland Balto. Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Parkton	X Parkton
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
York Road	York Road YES NOT
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) (JEK PHULE ELLIZABETH 2	INN DEATH Se. PT. 15 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	10-1-1892 66 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
Maid in hospital	West Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Hughes	Marietta Donehew
	FORMANT Address
	nry D. Scarberry York Rd., Parkton
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Muchage 5 hus.
DUE TO	
Conditions, if any, which gave rise to immediate cause (b)	
(a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Ent.)	ter nature of injury in Part I ar Port II of item 18.}
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED 20e. PLACE foctor of work of work 19 20d. INJURY OCCURRED 20e. PLACE foctor foctor of work 19 20d. INJURY OCCURRED 20e. PLACE foctor f	y, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	e, held on Autopsy , Inspection , Inquiry , and find that
	ide [], Homicide [], Undetermined couse [].
	ov [], Homicide [], Onderermined coose [].
ACTUAL (1. Mr. + source	CHIEF MEDICAL EXAMINER T
SIGNATURE STOP STOP	m.b.
EXAMINER'S P. M. FRANCE	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 9/15759
22c. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 9-25-59 Mt.Alto Bap	tist Cem. Mount Alto W. Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 BEC'D BY DEGISTRAD 245 DEGISTRAD'S CIGNIATURE
Brook's Funeral Service622 York Rd	· DATE SEP 1 8 '59 Children & Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1BAST

Dan Dist Ma

10042

	2.000	Reg. Dist	. No.
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
	BALTIMORE MARYLAND	MARYLAND BALTI	MORE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
	Bating 55 XRS.	53 120 to (2)	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 68/2 YOUNGSTOWN AVE.	6812 YOUNGSTOWN AV	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF Pirst Middle	Last 4. DATE Month	Day Year
	(Type or print) STANISLAUS ZOMK	KOWSK! DEATH SEPTEMBE	R 261959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Land to the state of the state	YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	OCI. 30, 1885 73 yrs.	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
1	MOULDER WEISKITTE	L POLAND U	. S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	FRANCIS ZOMROWSKI	MARY	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or ynknown) (If yes, give wor or dates of service)	INFORMANT Address	
	NO 214-16-538811)	R. BOLESLAUS LOMKOWSKI-	1107 DUNDA
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN
	IMMEDIATE CAUSE (a) PRIERIOSCLE	ROTIC CARDIOVASCULAR	
	4 d d l DUE TO	DYSERIE	10 4KS
-	Conditions, if ony, which gove rise to immediate (b)		
	couse (a), stoting the <u>under-</u> DUE TO		
	lying couse lost. (c)		1
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
		ACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.)	unty) (State)
	Hour o. m. p. m. 19 While Not while of work of work	crory, street, office bidg., etc.)	
	21. I certify that I attended the deceased fram SEPT.	1957, to 9/26 1959 that I las	saw the deceased
	alive an 9/26 / 1959, and that death	accurred at 9:40 AM, from the causes and an the	
	10-170-	DR. W. ADDRESS SNEEDS (AN IDWIN, stote)	DATE SIGNED
	SIGNATURE SIGNATURE	M.D3401-Dundalk-Avenue	
	PHYSICIAN'S		
	NAME (Type)	Dundalk 22, Maryland	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	BURIAL OCT 1 1454 HOLY KOSAK	CYCEMETERY BALTIMOREM	ARYLAND
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
	Maymond L. Kacnowake 2525 FL	EET ST. DATECT 6'59 Colleg & H.	

